

Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
0099T	Implant Corneal Ring			M	
0178T	64 Lead Ecg W/I&R			M	
0179T	64 Lead Ecg W/Tracing			M	
0180T	64 Lead Ecg W/I&R Only			M	
0182T	Hdr Elect Brachytherapy			M	
0182T	Hdr Elect Brachytherapy	26		M	
0182T	Hdr Elect Brachytherapy	TC		M	
10021	Fna W/O Image			\$83.60	
10022	Fna W/Image			\$79.44	
10060	Drainage Of Skin Abscess			\$65.57	
10061	Drainage Of Skin Abscess			\$115.69	
10120	Remove Foreign Body			\$85.38	
10121	Remove Foreign Body			\$153.53	
10140	Drainage Of Hematoma/Fluid			\$91.52	
10160	Puncture Drainage Of Lesion			\$72.90	
11042	Deb Subq Tissue 20 Sq Cm/<			\$65.37	
11055	Trim Skin Lesion			\$26.55	
11056	Trim Skin Lesions 2 To 4			\$32.49	
11100	Biopsy Skin Lesion			\$57.45	
11101	Biopsy Skin Add-On			\$18.23	
11200	Removal Of Skin Tags <W/15			\$49.13	
11201	Remove Skin Tags Add-On			\$10.50	
11300	Shave Skin Lesion 0.5 Cm/<			\$54.28	
11301	Shave Skin Lesion 0.6-1.0 Cm			\$66.56	
11302	Shave Skin Lesion 1.1-2.0 Cm			\$78.45	
11305	Shave Skin Lesion 0.5 Cm/<			\$55.07	
11306	Shave Skin Lesion 0.6-1.0 Cm			\$67.75	
11307	Shave Skin Lesion 1.1-2.0 Cm			\$79.64	
11400	Exc Tr-Ext B9+Marg 0.5 Cm<			\$69.14	
11401	Exc Tr-Ext B9+Marg 0.6-1 Cm			\$83.40	
11402	Exc Tr-Ext B9+Marg 1.1-2 Cm			\$92.71	
11403	Exc Tr-Ext B9+Marg 2.1-3cm/<			\$107.17	
11404	Exc Tr-Ext B9+Marg 3.1-4 Cm			\$121.63	
11420	Exc H-F-Nk-Sp B9+Marg 0.5/<			\$68.34	
11421	Exc H-F-Nk-Sp B9+Marg 0.6-1			\$87.76	
11720	Debride Nail 1-5			\$18.03	
11721	Debride Nail 6 Or More			\$25.16	
11730	Removal Of Nail Plate			\$55.27	
11732	Remove Nail Plate Add-On			\$20.01	
11740	Drain Blood From Under Nail			\$27.73	
11750	Removal Of Nail Bed			\$125.40	
11900	Inject Skin Lesions <W 7			\$30.90	
11976	Remove Contraceptive Capsule			\$80.23	
11981	Insert Drug Implant Device			\$79.04	
11982	Remove Drug Implant Device			\$89.34	
11983	Remove/Insert Drug Implant			\$125.00	
12001	Rpr S/N/Ax/Gen/Trnk 2.5cm/<			\$49.92	
12002	Rpr S/N/Ax/Gen/Trnk2.6-7.5cm			\$61.21	

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12011	Rpr F/E/E/N/L/M 2.5 Cm/<			\$61.21	
12013	Rpr F/E/E/N/L/M 2.6-5.0 Cm			\$67.16	
12031	Intmd Rpr S/A/T/Ext 2.5 Cm/<			\$132.53	
12032	Intmd Rpr S/A/T/Ext 2.6-7.5			\$169.18	
12041	Intmd Rpr N-Hf/Genit 2.5cm/<			\$134.91	
12042	Intmd Rpr N-Hf/Genit2.6-7.5			\$161.06	
12051	Intmd Rpr Face/Mm 2.5 Cm/<			\$144.02	
16020	Dress/Debrid P-Thick Burn S			\$45.76	
17000	Destruct Premalg Lesion			\$37.04	
17003	Destruct Premalg Les 2-14			\$3.17	
17110	Destruct B9 Lesion 1-14			\$61.61	
17111	Destruct Lesion 15 Or More			\$73.30	
17250	Chemical Cautery Tissue			\$44.37	
17340	Cryotherapy Of Skin			\$28.92	
20526	Ther Injection Carp Tunnel			\$43.78	
20527	Inj Dupuytren Cord W/Enzyme			\$47.54	
20550	Inj Tendon Sheath/Ligament			\$32.88	
20551	Inj Tendon Origin/Insertion			\$33.88	
20552	Inj Trigger Point 1/2 Muscl			\$31.10	
20553	Inject Trigger Points 3/>			\$35.86	
20600	Drain/Inj Joint/Bursa W/O Us			\$26.74	
20604	Drain/Inj Joint/Bursa W/Us			\$40.02	
20605	Drain/Inj Joint/Bursa W/O Us			\$27.93	
20606	Drain/Inj Joint/Bursa W/Us			\$43.98	
20610	Drain/Inj Joint/Bursa W/O Us			\$33.68	
20611	Drain/Inj Joint/Bursa W/Us			\$50.52	
20612	Aspirate/Inj Ganglion Cyst			\$34.07	
24640	Treat Elbow Dislocation			\$78.45	
26010	Drainage Of Finger Abscess			\$148.38	
26011	Drainage Of Finger Abscess			\$218.70	
26341	Manipulat Palm Cord Post Inj			\$55.86	
30300	Remove Nasal Foreign Body			\$129.95	
30901	Control Of Nosebleed			\$53.69	
36415	Routine Venipuncture			\$2.70	
41010	Incision Of Tongue Fold			\$116.68	
43760	Change Gastrostomy Tube			\$276.94	
46083	Incise External Hemorrhoid			\$99.45	
51701	Insert Bladder Catheter			\$30.51	
51702	Insert Temp Bladder Cath			\$39.22	
54050	Destruction Penis Lesion(S)			\$74.49	
54056	Cryosurgery Penis Lesion(S)			\$79.64	
54150	Circumcision W/Regionl Block			\$86.57	
54160	Circumcision Neonate			\$123.22	
56501	Destroy Vulva Lesions Sim			\$73.50	
56605	Biopsy Of Vulva/Perineum			\$46.36	
56606	Biopsy Of Vulva/Perineum			\$21.00	
57420	Exam Of Vagina W/Scope			\$66.17	
57421	Exam/Biopsy Of Vag W/Scope			\$88.55	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
57452	Exam Of Cervix W/Scope			\$61.41	
57454	Bx/Curett Of Cervix W/Scope			\$85.98	
57455	Biopsy Of Cervix W/Scope			\$80.23	
57456	Endocerv Curettage W/Scope			\$75.67	
57460	Bx Of Cervix W/Scope Leep			\$158.28	
57461	Conz Of Cervix W/Scope Leep			\$179.48	
57500	Biopsy Of Cervix			\$71.71	
57505	Endocervical Curettage			\$57.45	
57511	Cryocautery Of Cervix			\$81.42	
57520	Conization Of Cervix			\$172.15	
57522	Conization Of Cervix			\$147.98	
57800	Dilation Of Cervical Canal			\$34.07	
58100	Biopsy Of Uterus Lining			\$61.41	
58110	Bx Done W/Colposcopy Add-On			\$26.94	
58120	Dilation And Curettage			\$145.21	
58300	Insert Intrauterine Device			\$39.22	
58301	Remove Intrauterine Device			\$53.29	
58340	Catheter For Hysterography			\$66.56	
58555	Hysteroscopy Dx Sep Proc			\$170.17	
58558	Hysteroscopy Biopsy			\$222.27	
58562	Hysteroscopy Remove Fb			\$230.19	
58563	Hysteroscopy Ablation			\$928.30	
58565	Hysteroscopy Sterilization			\$1,043.39	
58578	Laparo Proc Uterus			M	
58579	Hysteroscope Procedure			M	
59000	Amniocentesis Diagnostic			\$71.12	
59020	Fetal Contract Stress Test			\$40.41	
59020	Fetal Contract Stress Test	26		\$21.39	
59020	Fetal Contract Stress Test	TC		\$19.02	
59025	Fetal Non-Stress Test			\$27.14	
59025	Fetal Non-Stress Test	26		\$16.84	
59025	Fetal Non-Stress Test	TC		\$10.30	
59160	D & C After Delivery			\$116.09	
59425	Antepartum Care Only			\$436.33	
59426	Antepartum Care Only			\$779.88	
59430	Care After Delivery			\$176.07	
59812	Treatment Of Miscarriage			\$181.06	
59820	Care Of Miscarriage			\$215.93	
64450	N Block Other Peripheral			\$45.17	
69000	Drain External Ear Lesion			\$105.59	
69200	Clear Outer Ear Canal			\$69.14	
69210	Remove Impacted Ear Wax Uni			\$27.54	
70015	Contrast X-Ray Of Brain			\$85.98	
70015	Contrast X-Ray Of Brain	26		\$33.88	
70015	Contrast X-Ray Of Brain	TC		\$52.10	
70030	X-Ray Eye For Foreign Body			\$15.25	
70030	X-Ray Eye For Foreign Body	26		\$4.75	
70030	X-Ray Eye For Foreign Body	TC		\$10.50	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
70100	X-Ray Exam Of Jaw <4views			\$18.23	
70100	X-Ray Exam Of Jaw <4views	26		\$5.15	
70100	X-Ray Exam Of Jaw <4views	TC		\$13.07	
70110	X-Ray Exam Of Jaw 4/> Views			\$21.00	
70110	X-Ray Exam Of Jaw 4/> Views	26		\$7.13	
70110	X-Ray Exam Of Jaw 4/> Views	TC		\$13.87	
70120	X-Ray Exam Of Mastoids			\$18.82	
70120	X-Ray Exam Of Mastoids	26		\$5.15	
70120	X-Ray Exam Of Mastoids	TC		\$13.67	
70130	X-Ray Exam Of Mastoids			\$30.31	
70130	X-Ray Exam Of Mastoids	26		\$9.71	
70130	X-Ray Exam Of Mastoids	TC		\$20.60	
70134	X-Ray Exam Of Middle Ear			\$28.33	
70134	X-Ray Exam Of Middle Ear	26		\$9.91	
70134	X-Ray Exam Of Middle Ear	TC		\$18.42	
70140	X-Ray Exam Of Facial Bones			\$16.44	
70140	X-Ray Exam Of Facial Bones	26		\$5.94	
70140	X-Ray Exam Of Facial Bones	TC		\$10.50	
70150	X-Ray Exam Of Facial Bones			\$22.78	
70150	X-Ray Exam Of Facial Bones	26		\$7.53	
70150	X-Ray Exam Of Facial Bones	TC		\$15.25	
70160	X-Ray Exam Of Nasal Bones			\$18.03	
70160	X-Ray Exam Of Nasal Bones	26		\$4.95	
70160	X-Ray Exam Of Nasal Bones	TC		\$13.07	
70170	X-Ray Exam Of Tear Duct			\$29.88	
70170	X-Ray Exam Of Tear Duct	26		\$8.72	
70170	X-Ray Exam Of Tear Duct	TC		\$21.01	
70190	X-Ray Exam Of Eye Sockets			\$19.41	
70190	X-Ray Exam Of Eye Sockets	26		\$6.34	
70190	X-Ray Exam Of Eye Sockets	TC		\$13.07	
70200	X-Ray Exam Of Eye Sockets			\$23.18	
70200	X-Ray Exam Of Eye Sockets	26		\$7.92	
70200	X-Ray Exam Of Eye Sockets	TC		\$15.25	
70210	X-Ray Exam Of Sinuses			\$16.44	
70210	X-Ray Exam Of Sinuses	26		\$4.95	
70210	X-Ray Exam Of Sinuses	TC		\$11.49	
70220	X-Ray Exam Of Sinuses			\$20.60	
70220	X-Ray Exam Of Sinuses	26		\$7.13	
70220	X-Ray Exam Of Sinuses	TC		\$13.47	
70240	X-Ray Exam Pituitary Saddle			\$16.64	
70240	X-Ray Exam Pituitary Saddle	26		\$5.74	
70240	X-Ray Exam Pituitary Saddle	TC		\$10.90	
70250	X-Ray Exam Of Skull			\$19.81	
70250	X-Ray Exam Of Skull	26		\$7.13	
70250	X-Ray Exam Of Skull	TC		\$12.68	
70260	X-Ray Exam Of Skull			\$24.96	
70260	X-Ray Exam Of Skull	26		\$9.71	
70260	X-Ray Exam Of Skull	TC		\$15.25	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
70300	X-Ray Exam Of Teeth			\$8.32	
70300	X-Ray Exam Of Teeth	26		\$3.37	
70300	X-Ray Exam Of Teeth	TC		\$4.95	
70310	X-Ray Exam Of Teeth			\$21.39	
70310	X-Ray Exam Of Teeth	26		\$4.75	
70310	X-Ray Exam Of Teeth	TC		\$16.64	
70320	Full Mouth X-Ray Of Teeth			\$29.52	
70320	Full Mouth X-Ray Of Teeth	26		\$7.13	
70320	Full Mouth X-Ray Of Teeth	TC		\$22.39	
70328	X-Ray Exam Of Jaw Joint			\$17.04	
70328	X-Ray Exam Of Jaw Joint	26		\$5.35	
70328	X-Ray Exam Of Jaw Joint	TC		\$11.69	
70330	X-Ray Exam Of Jaw Joints			\$25.95	
70330	X-Ray Exam Of Jaw Joints	26		\$7.33	
70330	X-Ray Exam Of Jaw Joints	TC		\$18.62	
70355	Panoramic X-Ray Of Jaws			\$11.29	
70355	Panoramic X-Ray Of Jaws	26		\$6.34	
70355	Panoramic X-Ray Of Jaws	TC		\$4.95	
70360	X-Ray Exam Of Neck			\$15.45	
70360	X-Ray Exam Of Neck	26		\$4.75	
70360	X-Ray Exam Of Neck	TC		\$10.70	
70370	Throat X-Ray & Fluoroscopy			\$44.57	
70370	Throat X-Ray & Fluoroscopy	26		\$9.11	
70370	Throat X-Ray & Fluoroscopy	TC		\$35.46	
70380	X-Ray Exam Of Salivary Gland			\$19.81	
70380	X-Ray Exam Of Salivary Gland	26		\$5.35	
70380	X-Ray Exam Of Salivary Gland	TC		\$14.46	
70390	X-Ray Exam Of Salivary Duct			\$51.90	
70390	X-Ray Exam Of Salivary Duct	26		\$10.70	
70390	X-Ray Exam Of Salivary Duct	TC		\$41.20	
71010	Chest X-Ray 1 View Frontal			\$12.48	
71010	Chest X-Ray 1 View Frontal	26		\$5.15	
71010	Chest X-Ray 1 View Frontal	TC		\$7.33	
71015	Chest X-Ray Stereo Frontal			\$15.25	
71015	Chest X-Ray Stereo Frontal	26		\$6.14	
71015	Chest X-Ray Stereo Frontal	TC		\$9.11	
71020	Chest X-Ray 2vw Frontal&Latl			\$15.45	
71020	Chest X-Ray 2vw Frontal&Latl	26		\$6.14	
71020	Chest X-Ray 2vw Frontal&Latl	TC		\$9.31	
71021	Chest X-Ray Frnt Lat Lordotc			\$18.82	
71021	Chest X-Ray Frnt Lat Lordotc	26		\$7.73	
71021	Chest X-Ray Frnt Lat Lordotc	TC		\$11.09	
71022	Chest X-Ray Frnt Lat Oblique			\$23.18	
71022	Chest X-Ray Frnt Lat Oblique	26		\$9.31	
71022	Chest X-Ray Frnt Lat Oblique	TC		\$13.87	
71023	Chest X-Ray And Fluoroscopy			\$35.26	
71023	Chest X-Ray And Fluoroscopy	26		\$10.90	
71023	Chest X-Ray And Fluoroscopy	TC		\$24.37	

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71030	Chest X-Ray 4/> Views			\$22.78	
71030	Chest X-Ray 4/> Views	26		\$8.72	
71030	Chest X-Ray 4/> Views	TC		\$14.07	
71034	Chest X-Ray&Fluoro 4/> Views			\$46.55	
71034	Chest X-Ray&Fluoro 4/> Views	26		\$13.07	
71034	Chest X-Ray&Fluoro 4/> Views	TC		\$33.48	
71035	Chest X-Ray Special Views			\$18.03	
71035	Chest X-Ray Special Views	26		\$5.15	
71035	Chest X-Ray Special Views	TC		\$12.88	
71100	X-Ray Exam Ribs Uni 2 Views			\$16.84	
71100	X-Ray Exam Ribs Uni 2 Views	26		\$6.34	
71100	X-Ray Exam Ribs Uni 2 Views	TC		\$10.50	
71101	X-Ray Exam Unilat Ribs/Chest			\$20.01	
71101	X-Ray Exam Unilat Ribs/Chest	26		\$7.53	
71101	X-Ray Exam Unilat Ribs/Chest	TC		\$12.48	
71110	X-Ray Exam Ribs Bil 3 Views			\$20.60	
71110	X-Ray Exam Ribs Bil 3 Views	26		\$7.73	
71110	X-Ray Exam Ribs Bil 3 Views	TC		\$12.88	
71111	X-Ray Exam Ribs/Chest4/> Vws			\$26.15	
71111	X-Ray Exam Ribs/Chest4/> Vws	26		\$9.11	
71111	X-Ray Exam Ribs/Chest4/> Vws	TC		\$17.04	
71120	X-Ray Exam Breastbone 2/>Vws			\$16.24	
71120	X-Ray Exam Breastbone 2/>Vws	26		\$5.74	
71120	X-Ray Exam Breastbone 2/>Vws	TC		\$10.50	
71130	X-Ray Strenoclavic Jt 3/>Vws			\$20.01	
71130	X-Ray Strenoclavic Jt 3/>Vws	26		\$6.54	
71130	X-Ray Strenoclavic Jt 3/>Vws	TC		\$13.47	
72010	X-Ray Exam Spine Ap&Lat			\$39.03	
72010	X-Ray Exam Spine Ap&Lat	26		\$13.27	
72010	X-Ray Exam Spine Ap&Lat	TC		\$25.75	
72020	X-Ray Exam Of Spine 1 View			\$12.08	
72020	X-Ray Exam Of Spine 1 View	26		\$4.36	
72020	X-Ray Exam Of Spine 1 View	TC		\$7.73	
72040	X-Ray Exam Neck Spine 2-3 Vw			\$18.42	
72040	X-Ray Exam Neck Spine 2-3 Vw	26		\$6.54	
72040	X-Ray Exam Neck Spine 2-3 Vw	TC		\$11.89	
72050	X-Ray Exam Neck Spine 4/5vws			\$24.96	
72050	X-Ray Exam Neck Spine 4/5vws	26		\$9.11	
72050	X-Ray Exam Neck Spine 4/5vws	TC		\$15.85	
72052	X-Ray Exam Neck Spine 6/>Vws			\$31.10	
72052	X-Ray Exam Neck Spine 6/>Vws	26		\$10.50	
72052	X-Ray Exam Neck Spine 6/>Vws	TC		\$20.60	
72069	X-Ray Exam Trunk Spine Stand			\$17.83	
72069	X-Ray Exam Trunk Spine Stand	26		\$6.54	
72069	X-Ray Exam Trunk Spine Stand	TC		\$11.29	
72070	X-Ray Exam Thorac Spine 2vws			\$17.43	
72070	X-Ray Exam Thorac Spine 2vws	26		\$6.54	
72070	X-Ray Exam Thorac Spine 2vws	TC		\$10.90	

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72072	X-Ray Exam Thorac Spine 3vws			\$19.02	
72072	X-Ray Exam Thorac Spine 3vws	26		\$6.14	
72072	X-Ray Exam Thorac Spine 3vws	TC		\$12.88	
72074	X-Ray Exam Thorac Spine4/>Vw			\$21.59	
72074	X-Ray Exam Thorac Spine4/>Vw	26		\$6.14	
72074	X-Ray Exam Thorac Spine4/>Vw	TC		\$15.45	
72080	X-Ray Exam Trunk Spine 2 Vws			\$18.62	
72080	X-Ray Exam Trunk Spine 2 Vws	26		\$6.74	
72080	X-Ray Exam Trunk Spine 2 Vws	TC		\$11.89	
72090	X-Ray Exam Scoliosis Erect			\$23.77	
72090	X-Ray Exam Scoliosis Erect	26		\$8.72	
72090	X-Ray Exam Scoliosis Erect	TC		\$15.06	
72100	X-Ray Exam L-S Spine 2/3 Vws			\$19.41	
72100	X-Ray Exam L-S Spine 2/3 Vws	26		\$6.54	
72100	X-Ray Exam L-S Spine 2/3 Vws	TC		\$12.88	
72110	X-Ray Exam L-2 Spine 4/>Vws			\$27.14	
72110	X-Ray Exam L-2 Spine 4/>Vws	26		\$9.11	
72110	X-Ray Exam L-2 Spine 4/>Vws	TC		\$18.03	
72114	X-Ray Exam L-S Spine Bending			\$34.47	
72114	X-Ray Exam L-S Spine Bending	26		\$9.51	
72114	X-Ray Exam L-S Spine Bending	TC		\$24.96	
72120	X-Ray Bend Only L-S Spine			\$22.39	
72120	X-Ray Bend Only L-S Spine	26		\$6.74	
72120	X-Ray Bend Only L-S Spine	TC		\$15.65	
72170	X-Ray Exam Of Pelvis			\$15.25	
72170	X-Ray Exam Of Pelvis	26		\$5.15	
72170	X-Ray Exam Of Pelvis	TC		\$10.10	
72190	X-Ray Exam Of Pelvis			\$21.39	
72190	X-Ray Exam Of Pelvis	26		\$6.54	
72190	X-Ray Exam Of Pelvis	TC		\$14.86	
72200	X-Ray Exam Si Joints			\$15.65	
72200	X-Ray Exam Si Joints	26		\$4.95	
72200	X-Ray Exam Si Joints	TC		\$10.70	
72202	X-Ray Exam Si Joints 3/> Vws			\$18.03	
72202	X-Ray Exam Si Joints 3/> Vws	26		\$5.35	
72202	X-Ray Exam Si Joints 3/> Vws	TC		\$12.68	
72220	X-Ray Exam Sacrum Tailbone			\$15.45	
72220	X-Ray Exam Sacrum Tailbone	26		\$4.95	
72220	X-Ray Exam Sacrum Tailbone	TC		\$10.50	
72240	Myelography Neck Spine			\$54.48	
72240	Myelography Neck Spine	26		\$25.95	
72240	Myelography Neck Spine	TC		\$28.53	
72255	Myelography Thoracic Spine			\$54.28	
72255	Myelography Thoracic Spine	26		\$26.15	
72255	Myelography Thoracic Spine	TC		\$28.13	
72265	Myelography L-S Spine			\$50.91	
72265	Myelography L-S Spine	26		\$23.57	
72265	Myelography L-S Spine	TC		\$27.34	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
72270	Myelography 2/> Spine Regions			\$70.52	
72270	Myelography 2/> Spine Regions	26		\$37.64	
72270	Myelography 2/> Spine Regions	TC		\$32.88	
72275	Epidurography			\$63.99	
72275	Epidurography	26		\$22.19	
72275	Epidurography	TC		\$41.80	
72285	Discography Cerv/Thor Spine			\$63.59	
72285	Discography Cerv/Thor Spine	26		\$34.47	
72285	Discography Cerv/Thor Spine	TC		\$29.12	
72295	X-Ray Of Lower Spine Disk			\$54.68	
72295	X-Ray Of Lower Spine Disk	26		\$24.37	
72295	X-Ray Of Lower Spine Disk	TC		\$30.31	
73000	X-Ray Exam Of Collar Bone			\$15.45	
73000	X-Ray Exam Of Collar Bone	26		\$4.95	
73000	X-Ray Exam Of Collar Bone	TC		\$10.50	
73010	X-Ray Exam Of Shoulder Blade			\$16.64	
73010	X-Ray Exam Of Shoulder Blade	26		\$5.35	
73010	X-Ray Exam Of Shoulder Blade	TC		\$11.29	
73020	X-Ray Exam Of Shoulder			\$12.88	
73020	X-Ray Exam Of Shoulder	26		\$4.56	
73020	X-Ray Exam Of Shoulder	TC		\$8.32	
73030	X-Ray Exam Of Shoulder			\$16.05	
73030	X-Ray Exam Of Shoulder	26		\$5.55	
73030	X-Ray Exam Of Shoulder	TC		\$10.50	
73040	Contrast X-Ray Of Shoulder			\$55.67	
73040	Contrast X-Ray Of Shoulder	26		\$15.65	
73040	Contrast X-Ray Of Shoulder	TC		\$40.02	
73050	X-Ray Exam Of Shoulders			\$20.01	
73050	X-Ray Exam Of Shoulders	26		\$6.34	
73050	X-Ray Exam Of Shoulders	TC		\$13.67	
73060	X-Ray Exam Of Humerus			\$14.86	
73060	X-Ray Exam Of Humerus	26		\$5.15	
73060	X-Ray Exam Of Humerus	TC		\$9.71	
73070	X-Ray Exam Of Elbow			\$15.25	
73070	X-Ray Exam Of Elbow	26		\$4.75	
73070	X-Ray Exam Of Elbow	TC		\$10.50	
73080	X-Ray Exam Of Elbow			\$17.43	
73080	X-Ray Exam Of Elbow	26		\$5.15	
73080	X-Ray Exam Of Elbow	TC		\$12.28	
73085	Contrast X-Ray Of Elbow			\$54.48	
73085	Contrast X-Ray Of Elbow	26		\$16.05	
73085	Contrast X-Ray Of Elbow	TC		\$38.43	
73090	X-Ray Exam Of Forearm			\$14.26	
73090	X-Ray Exam Of Forearm	26		\$4.75	
73090	X-Ray Exam Of Forearm	TC		\$9.51	
73092	X-Ray Exam Of Arm Infant			\$15.06	
73092	X-Ray Exam Of Arm Infant	26		\$4.56	
73092	X-Ray Exam Of Arm Infant	TC		\$10.50	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73100	X-Ray Exam Of Wrist			\$16.24	
73100	X-Ray Exam Of Wrist	26		\$4.95	
73100	X-Ray Exam Of Wrist	TC		\$11.29	
73110	X-Ray Exam Of Wrist			\$19.61	
73110	X-Ray Exam Of Wrist	26		\$5.15	
73110	X-Ray Exam Of Wrist	TC		\$14.46	
73115	Contrast X-Ray Of Wrist			\$59.43	
73115	Contrast X-Ray Of Wrist	26		\$16.05	
73115	Contrast X-Ray Of Wrist	TC		\$43.38	
73120	X-Ray Exam Of Hand			\$14.46	
73120	X-Ray Exam Of Hand	26		\$4.75	
73120	X-Ray Exam Of Hand	TC		\$9.71	
73130	X-Ray Exam Of Hand			\$16.84	
73130	X-Ray Exam Of Hand	26		\$4.95	
73130	X-Ray Exam Of Hand	TC		\$11.89	
73140	X-Ray Exam Of Finger(S)			\$17.23	
73140	X-Ray Exam Of Finger(S)	26		\$3.96	
73140	X-Ray Exam Of Finger(S)	TC		\$13.27	
73500	X-Ray Exam Of Hip			\$14.66	
73500	X-Ray Exam Of Hip	26		\$5.15	
73500	X-Ray Exam Of Hip	TC		\$9.51	
73510	X-Ray Exam Of Hip			\$20.60	
73510	X-Ray Exam Of Hip	26		\$6.34	
73510	X-Ray Exam Of Hip	TC		\$14.26	
73520	X-Ray Exam Of Hips			\$21.99	
73520	X-Ray Exam Of Hips	26		\$7.92	
73520	X-Ray Exam Of Hips	TC		\$14.07	
73525	Contrast X-Ray Of Hip			\$56.26	
73525	Contrast X-Ray Of Hip	26		\$16.24	
73525	Contrast X-Ray Of Hip	TC		\$40.02	
73530	X-Ray Exam Of Hip			\$19.72	
73530	X-Ray Exam Of Hip	26		\$8.52	
73530	X-Ray Exam Of Hip	TC		\$11.08	
73540	X-Ray Exam Of Pelvis & Hips			\$21.79	
73540	X-Ray Exam Of Pelvis & Hips	26		\$5.74	
73540	X-Ray Exam Of Pelvis & Hips	TC		\$16.05	
73550	X-Ray Exam Of Thigh			\$15.06	
73550	X-Ray Exam Of Thigh	26		\$5.15	
73550	X-Ray Exam Of Thigh	TC		\$9.91	
73560	X-Ray Exam Of Knee 1 Or 2			\$16.24	
73560	X-Ray Exam Of Knee 1 Or 2	26		\$5.35	
73560	X-Ray Exam Of Knee 1 Or 2	TC		\$10.90	
73562	X-Ray Exam Of Knee 3			\$19.02	
73562	X-Ray Exam Of Knee 3	26		\$5.55	
73562	X-Ray Exam Of Knee 3	TC		\$13.47	
73564	X-Ray Exam Knee 4 Or More			\$21.99	
73564	X-Ray Exam Knee 4 Or More	26		\$6.74	
73564	X-Ray Exam Knee 4 Or More	TC		\$15.25	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73565	X-Ray Exam Of Knees			\$18.23	
73565	X-Ray Exam Of Knees	26		\$5.35	
73565	X-Ray Exam Of Knees	TC		\$12.88	
73580	Contrast X-Ray Of Knee Joint			\$63.79	
73580	Contrast X-Ray Of Knee Joint	26		\$15.85	
73580	Contrast X-Ray Of Knee Joint	TC		\$47.94	
73590	X-Ray Exam Of Lower Leg			\$14.86	
73590	X-Ray Exam Of Lower Leg	26		\$5.15	
73590	X-Ray Exam Of Lower Leg	TC		\$9.71	
73592	X-Ray Exam Of Leg Infant			\$15.06	
73592	X-Ray Exam Of Leg Infant	26		\$4.56	
73592	X-Ray Exam Of Leg Infant	TC		\$10.50	
73600	X-Ray Exam Of Ankle			\$15.06	
73600	X-Ray Exam Of Ankle	26		\$4.75	
73600	X-Ray Exam Of Ankle	TC		\$10.30	
73610	X-Ray Exam Of Ankle			\$17.43	
73610	X-Ray Exam Of Ankle	26		\$5.15	
73610	X-Ray Exam Of Ankle	TC		\$12.28	
73615	Contrast X-Ray Of Ankle			\$54.48	
73615	Contrast X-Ray Of Ankle	26		\$16.24	
73615	Contrast X-Ray Of Ankle	TC		\$38.23	
73620	X-Ray Exam Of Foot			\$14.26	
73620	X-Ray Exam Of Foot	26		\$4.36	
73620	X-Ray Exam Of Foot	TC		\$9.91	
73630	X-Ray Exam Of Foot			\$16.05	
73630	X-Ray Exam Of Foot	26		\$4.75	
73630	X-Ray Exam Of Foot	TC		\$11.29	
73650	X-Ray Exam Of Heel			\$14.86	
73650	X-Ray Exam Of Heel	26		\$4.56	
73650	X-Ray Exam Of Heel	TC		\$10.30	
73660	X-Ray Exam Of Toe(S)			\$15.45	
73660	X-Ray Exam Of Toe(S)	26		\$3.76	
73660	X-Ray Exam Of Toe(S)	TC		\$11.69	
74000	X-Ray Exam Of Abdomen			\$13.07	
74000	X-Ray Exam Of Abdomen	26		\$5.15	
74000	X-Ray Exam Of Abdomen	TC		\$7.92	
74010	X-Ray Exam Of Abdomen			\$19.41	
74010	X-Ray Exam Of Abdomen	26		\$6.54	
74010	X-Ray Exam Of Abdomen	TC		\$12.88	
74020	X-Ray Exam Of Abdomen			\$20.40	
74020	X-Ray Exam Of Abdomen	26		\$7.53	
74020	X-Ray Exam Of Abdomen	TC		\$12.88	
74022	X-Ray Exam Series Abdomen			\$24.37	
74022	X-Ray Exam Series Abdomen	26		\$8.91	
74022	X-Ray Exam Series Abdomen	TC		\$15.45	
74190	X-Ray Exam Of Peritoneum			\$42.87	
74190	X-Ray Exam Of Peritoneum	26		\$13.47	
74190	X-Ray Exam Of Peritoneum	TC		\$28.56	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
74400	Contrst X-Ray Urinary Tract			\$60.62	
74400	Contrst X-Ray Urinary Tract	26		\$13.67	
74400	Contrst X-Ray Urinary Tract	TC		\$46.95	
74410	Contrst X-Ray Urinary Tract			\$58.84	
74410	Contrst X-Ray Urinary Tract	26		\$13.27	
74410	Contrst X-Ray Urinary Tract	TC		\$45.56	
74415	Contrst X-Ray Urinary Tract			\$75.48	
74415	Contrst X-Ray Urinary Tract	26		\$13.67	
74415	Contrst X-Ray Urinary Tract	TC		\$61.81	
74420	Contrst X-Ray Urinary Tract			\$68.21	
74420	Contrst X-Ray Urinary Tract	26		\$10.10	
74420	Contrst X-Ray Urinary Tract	TC		\$57.31	
74425	Contrst X-Ray Urinary Tract			\$39.45	
74425	Contrst X-Ray Urinary Tract	26		\$10.10	
74425	Contrst X-Ray Urinary Tract	TC		\$28.56	
74430	Contrast X-Ray Bladder			\$20.60	
74430	Contrast X-Ray Bladder	26		\$8.91	
74430	Contrast X-Ray Bladder	TC		\$11.69	
74440	X-Ray Male Genital Tract			\$44.18	
74440	X-Ray Male Genital Tract	26		\$10.30	
74440	X-Ray Male Genital Tract	TC		\$33.88	
74445	X-Ray Exam Of Penis			\$59.15	
74445	X-Ray Exam Of Penis	26		\$32.49	
74445	X-Ray Exam Of Penis	TC		\$24.61	
74450	X-Ray Urethra/Bladder			\$41.94	
74450	X-Ray Urethra/Bladder	26		\$9.51	
74450	X-Ray Urethra/Bladder	TC		\$31.89	
74455	X-Ray Urethra/Bladder			\$44.97	
74455	X-Ray Urethra/Bladder	26		\$9.11	
74455	X-Ray Urethra/Bladder	TC		\$35.86	
74470	X-Ray Exam Of Kidney Lesion			\$43.37	
74470	X-Ray Exam Of Kidney Lesion	26		\$14.86	
74470	X-Ray Exam Of Kidney Lesion	TC		\$27.36	
74475	X-Ray Control Cath Insert			\$51.31	
74475	X-Ray Control Cath Insert	26		\$14.86	
74475	X-Ray Control Cath Insert	TC		\$36.45	
74480	X-Ray Control Cath Insert			\$51.31	
74480	X-Ray Control Cath Insert	26		\$14.86	
74480	X-Ray Control Cath Insert	TC		\$36.45	
74485	X-Ray Guide Gu Dilation			\$50.91	
74485	X-Ray Guide Gu Dilation	26		\$14.46	
74485	X-Ray Guide Gu Dilation	TC		\$36.45	
74710	X-Ray Measurement Of Pelvis			\$21.99	
74710	X-Ray Measurement Of Pelvis	26		\$9.91	
74710	X-Ray Measurement Of Pelvis	TC		\$12.08	
74740	X-Ray Female Genital Tract			\$41.80	
74740	X-Ray Female Genital Tract	26		\$10.90	
74740	X-Ray Female Genital Tract	TC		\$30.90	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
74742	X-Ray Fallopien Tube			\$39.59	
74742	X-Ray Fallopien Tube	26		\$17.63	
74742	X-Ray Fallopien Tube	TC		\$29.01	
74775	X-Ray Exam Of Perineum			\$50.57	
74775	X-Ray Exam Of Perineum	26		\$17.83	
74775	X-Ray Exam Of Perineum	TC		\$31.89	
75600	Contrast Exam Thoracic Aorta			\$111.33	
75600	Contrast Exam Thoracic Aorta	26		\$14.46	
75600	Contrast Exam Thoracic Aorta	TC		\$96.87	
75605	Contrast Exam Thoracic Aorta			\$77.26	
75605	Contrast Exam Thoracic Aorta	26		\$31.70	
75605	Contrast Exam Thoracic Aorta	TC		\$45.56	
75625	Contrast Exam Abdominl Aorta			\$77.46	
75625	Contrast Exam Abdominl Aorta	26		\$32.09	
75625	Contrast Exam Abdominl Aorta	TC		\$45.36	
75630	X-Ray Aorta Leg Arteries			\$95.88	
75630	X-Ray Aorta Leg Arteries	26		\$50.32	
75630	X-Ray Aorta Leg Arteries	TC		\$45.56	
75658	Artery X-Rays Arm			\$92.71	
75658	Artery X-Rays Arm	26		\$36.85	
75658	Artery X-Rays Arm	TC		\$55.86	
75705	Artery X-Rays Spine			\$131.54	
75705	Artery X-Rays Spine	26		\$60.02	
75705	Artery X-Rays Spine	TC		\$71.51	
75710	Artery X-Rays Arm/Leg			\$89.54	
75710	Artery X-Rays Arm/Leg	26		\$30.51	
75710	Artery X-Rays Arm/Leg	TC		\$59.03	
75716	Artery X-Rays Arms/Legs			\$104.00	
75716	Artery X-Rays Arms/Legs	26		\$36.45	
75716	Artery X-Rays Arms/Legs	TC		\$67.55	
75726	Artery X-Rays Abdomen			\$83.40	
75726	Artery X-Rays Abdomen	26		\$31.70	
75726	Artery X-Rays Abdomen	TC		\$51.70	
75731	Artery X-Rays Adrenal Gland			\$95.09	
75731	Artery X-Rays Adrenal Gland	26		\$31.89	
75731	Artery X-Rays Adrenal Gland	TC		\$63.19	
75733	Artery X-Rays Adrenals			\$102.02	
75733	Artery X-Rays Adrenals	26		\$35.86	
75733	Artery X-Rays Adrenals	TC		\$66.17	
75736	Artery X-Rays Pelvis			\$90.73	
75736	Artery X-Rays Pelvis	26		\$32.88	
75736	Artery X-Rays Pelvis	TC		\$57.85	
75741	Artery X-Rays Lung			\$84.39	
75741	Artery X-Rays Lung	26		\$35.86	
75741	Artery X-Rays Lung	TC		\$48.53	
75743	Artery X-Rays Lungs			\$94.49	
75743	Artery X-Rays Lungs	26		\$45.36	
75743	Artery X-Rays Lungs	TC		\$49.13	

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Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
75746	Artery X-Rays Lung			\$85.18	
75746	Artery X-Rays Lung	26		\$31.30	
75746	Artery X-Rays Lung	TC		\$53.88	
75756	Artery X-Rays Chest			\$94.49	
75756	Artery X-Rays Chest	26		\$33.08	
75756	Artery X-Rays Chest	TC		\$61.41	
75774	Artery X-Ray Each Vessel			\$48.73	
75774	Artery X-Ray Each Vessel	26		\$10.10	
75774	Artery X-Ray Each Vessel	TC		\$38.63	
75801	Lymph Vessel X-Ray Arm/Leg			\$144.02	
75801	Lymph Vessel X-Ray Arm/Leg	26		\$25.55	
75801	Lymph Vessel X-Ray Arm/Leg	TC		\$118.36	
75803	Lymph Vessel X-Ray Arms/Legs			\$153.07	
75803	Lymph Vessel X-Ray Arms/Legs	26		\$33.88	
75803	Lymph Vessel X-Ray Arms/Legs	TC		\$118.36	
75805	Lymph Vessel X-Ray Trunk			\$158.19	
75805	Lymph Vessel X-Ray Trunk	26		\$23.38	
75805	Lymph Vessel X-Ray Trunk	TC		\$133.50	
75807	Lymph Vessel X-Ray Trunk			\$237.28	
75807	Lymph Vessel X-Ray Trunk	26		\$33.88	
75807	Lymph Vessel X-Ray Trunk	TC		\$200.25	
75809	Nonvascular Shunt X-Ray			\$55.07	
75809	Nonvascular Shunt X-Ray	26		\$13.27	
75809	Nonvascular Shunt X-Ray	TC		\$41.80	
75810	Vein X-Ray Spleen/Liver			\$308.56	
75810	Vein X-Ray Spleen/Liver	26		\$33.08	
75810	Vein X-Ray Spleen/Liver	TC		\$274.69	
75820	Vein X-Ray Arm/Leg			\$64.38	
75820	Vein X-Ray Arm/Leg	26		\$19.81	
75820	Vein X-Ray Arm/Leg	TC		\$44.57	
75822	Vein X-Ray Arms/Legs			\$76.27	
75822	Vein X-Ray Arms/Legs	26		\$29.32	
75822	Vein X-Ray Arms/Legs	TC		\$46.95	
75825	Vein X-Ray Trunk			\$76.47	
75825	Vein X-Ray Trunk	26		\$32.29	
75825	Vein X-Ray Trunk	TC		\$44.18	
75827	Vein X-Ray Chest			\$76.86	
75827	Vein X-Ray Chest	26		\$31.50	
75827	Vein X-Ray Chest	TC		\$45.36	
75831	Vein X-Ray Kidney			\$78.25	
75831	Vein X-Ray Kidney	26		\$30.71	
75831	Vein X-Ray Kidney	TC		\$47.54	
75833	Vein X-Ray Kidneys			\$93.50	
75833	Vein X-Ray Kidneys	26		\$42.99	
75833	Vein X-Ray Kidneys	TC		\$50.52	
75840	Vein X-Ray Adrenal Gland			\$82.81	
75840	Vein X-Ray Adrenal Gland	26		\$32.49	
75840	Vein X-Ray Adrenal Gland	TC		\$50.32	

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Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
75842	Vein X-Ray Adrenal Glands			\$100.44	
75842	Vein X-Ray Adrenal Glands	26		\$42.39	
75842	Vein X-Ray Adrenal Glands	TC		\$58.04	
75860	Vein X-Ray Neck			\$80.03	
75860	Vein X-Ray Neck	26		\$31.70	
75860	Vein X-Ray Neck	TC		\$48.34	
75870	Vein X-Ray Skull			\$82.61	
75870	Vein X-Ray Skull	26		\$32.49	
75870	Vein X-Ray Skull	TC		\$50.12	
75872	Vein X-Ray Skull Epidural			\$83.00	
75872	Vein X-Ray Skull Epidural	26		\$32.49	
75872	Vein X-Ray Skull Epidural	TC		\$50.52	
75880	Vein X-Ray Eye Socket			\$81.02	
75880	Vein X-Ray Eye Socket	26		\$20.21	
75880	Vein X-Ray Eye Socket	TC		\$60.82	
75885	Vein X-Ray Liver W/Hemodynam			\$87.96	
75885	Vein X-Ray Liver W/Hemodynam	26		\$39.03	
75885	Vein X-Ray Liver W/Hemodynam	TC		\$48.93	
75887	Vein X-Ray Liver W/O Hemodyn			\$89.15	
75887	Vein X-Ray Liver W/O Hemodyn	26		\$39.62	
75887	Vein X-Ray Liver W/O Hemodyn	TC		\$49.53	
75889	Vein X-Ray Liver W/Hemodynam			\$80.23	
75889	Vein X-Ray Liver W/Hemodynam	26		\$31.10	
75889	Vein X-Ray Liver W/Hemodynam	TC		\$49.13	
75891	Vein X-Ray Liver			\$81.02	
75891	Vein X-Ray Liver	26		\$31.50	
75891	Vein X-Ray Liver	TC		\$49.53	
75893	Venous Sampling By Catheter			\$65.97	
75893	Venous Sampling By Catheter	26		\$15.25	
75893	Venous Sampling By Catheter	TC		\$50.71	
75894	X-Rays Transcath Therapy			\$566.50	
75894	X-Rays Transcath Therapy	26		\$37.64	
75894	X-Rays Transcath Therapy	TC		\$526.76	
75896	X-Rays Transcath Therapy			\$497.20	
75896	X-Rays Transcath Therapy	26		\$38.83	
75896	X-Rays Transcath Therapy	TC		\$458.03	
75898	Follow-Up Angiography			\$72.24	
75898	Follow-Up Angiography	26		\$48.14	
75898	Follow-Up Angiography	TC		\$23.02	
75901	Remove Cva Device Obstruct			\$97.47	
75901	Remove Cva Device Obstruct	26		\$13.07	
75901	Remove Cva Device Obstruct	TC		\$84.39	
75902	Remove Cva Lumen Obstruct			\$39.62	
75902	Remove Cva Lumen Obstruct	26		\$10.70	
75902	Remove Cva Lumen Obstruct	TC		\$28.92	
75945	Intravascular Us			\$106.83	
75945	Intravascular Us	26		\$11.29	
75945	Intravascular Us	TC		\$95.84	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
75946	Intravascular Us Add-On			\$56.16	
75946	Intravascular Us Add-On	26		\$11.29	
75946	Intravascular Us Add-On	TC		\$49.75	
76010	X-Ray Nose To Rectum			\$14.46	
76010	X-Ray Nose To Rectum	26		\$5.15	
76010	X-Ray Nose To Rectum	TC		\$9.31	
76080	X-Ray Exam Of Fistula			\$30.71	
76080	X-Ray Exam Of Fistula	26		\$14.86	
76080	X-Ray Exam Of Fistula	TC		\$15.85	
76098	X-Ray Exam Breast Specimen			\$9.11	
76098	X-Ray Exam Breast Specimen	26		\$4.56	
76098	X-Ray Exam Breast Specimen	TC		\$4.56	
76100	X-Ray Exam Of Body Section			\$51.51	
76100	X-Ray Exam Of Body Section	26		\$18.03	
76100	X-Ray Exam Of Body Section	TC		\$33.48	
76101	Complex Body Section X-Ray			\$73.69	
76101	Complex Body Section X-Ray	26		\$19.81	
76101	Complex Body Section X-Ray	TC		\$53.88	
76102	Complex Body Section X-Rays			\$97.07	
76102	Complex Body Section X-Rays	26		\$19.81	
76102	Complex Body Section X-Rays	TC		\$77.26	
76140	X-Ray Consultation			\$33.92	
76506	Echo Exam Of Head			\$66.17	
76506	Echo Exam Of Head	26		\$18.03	
76506	Echo Exam Of Head	TC		\$48.14	
76510	Ophth Us B & Quant A			\$95.09	
76510	Ophth Us B & Quant A	26		\$49.72	
76510	Ophth Us B & Quant A	TC		\$45.36	
76511	Ophth Us Quant A Only			\$57.25	
76511	Ophth Us Quant A Only	26		\$29.91	
76511	Ophth Us Quant A Only	TC		\$27.34	
76512	Ophth Us B W/Non-Quant A			\$51.90	
76512	Ophth Us B W/Non-Quant A	26		\$29.72	
76512	Ophth Us B W/Non-Quant A	TC		\$22.19	
76513	Echo Exam Of Eye Water Bath			\$53.69	
76513	Echo Exam Of Eye Water Bath	26		\$20.21	
76513	Echo Exam Of Eye Water Bath	TC		\$33.48	
76514	Echo Exam Of Eye Thickness			\$8.52	
76514	Echo Exam Of Eye Thickness	26		\$5.55	
76514	Echo Exam Of Eye Thickness	TC		\$2.97	
76516	Echo Exam Of Eye			\$43.98	
76516	Echo Exam Of Eye	26		\$17.43	
76516	Echo Exam Of Eye	TC		\$26.55	
76519	Echo Exam Of Eye			\$46.95	
76519	Echo Exam Of Eye	26		\$17.43	
76519	Echo Exam Of Eye	TC		\$29.52	
76529	Echo Exam Of Eye			\$44.37	
76529	Echo Exam Of Eye	26		\$18.23	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76529	Echo Exam Of Eye	TC		\$26.15	
76536	Us Exam Of Head And Neck			\$64.78	
76536	Us Exam Of Head And Neck	26		\$15.65	
76536	Us Exam Of Head And Neck	TC		\$49.13	
76604	Us Exam Chest			\$49.33	
76604	Us Exam Chest	26		\$15.45	
76604	Us Exam Chest	TC		\$33.88	
76641	Ultrasound Breast Complete			\$59.83	
76641	Ultrasound Breast Complete	26		\$20.21	
76641	Ultrasound Breast Complete	TC		\$39.62	
76642	Ultrasound Breast Limited			\$49.13	
76642	Ultrasound Breast Limited	26		\$18.82	
76642	Ultrasound Breast Limited	TC		\$30.31	
76700	Us Exam Abdom Complete			\$71.91	
76700	Us Exam Abdom Complete	26		\$22.78	
76700	Us Exam Abdom Complete	TC		\$49.13	
76705	Echo Exam Of Abdomen			\$59.03	
76705	Echo Exam Of Abdomen	26		\$16.64	
76705	Echo Exam Of Abdomen	TC		\$42.39	
76770	Us Exam Abdo Back Wall Comp			\$63.19	
76770	Us Exam Abdo Back Wall Comp	26		\$20.60	
76770	Us Exam Abdo Back Wall Comp	TC		\$42.59	
76775	Us Exam Abdo Back Wall Lim			\$32.09	
76775	Us Exam Abdo Back Wall Lim	26		\$16.05	
76775	Us Exam Abdo Back Wall Lim	TC		\$16.05	
76776	Us Exam K Transpl W/Doppler			\$87.56	
76776	Us Exam K Transpl W/Doppler	26		\$21.39	
76776	Us Exam K Transpl W/Doppler	TC		\$66.17	
76800	Us Exam Spinal Canal			\$77.06	
76800	Us Exam Spinal Canal	26		\$31.89	
76800	Us Exam Spinal Canal	TC		\$45.17	
76801	Ob Us < 14 Wks Single Fetus			\$69.53	
76801	Ob Us < 14 Wks Single Fetus	26		\$28.72	
76801	Ob Us < 14 Wks Single Fetus	TC		\$40.81	
76802	Ob Us < 14 Wks Addl Fetus			\$36.65	
76802	Ob Us < 14 Wks Addl Fetus	26		\$24.17	
76802	Ob Us < 14 Wks Addl Fetus	TC		\$12.48	
76805	Ob Us >= 14 Wks Sngl Fetus			\$79.64	
76805	Ob Us >= 14 Wks Sngl Fetus	26		\$28.72	
76805	Ob Us >= 14 Wks Sngl Fetus	TC		\$50.91	
76810	Ob Us >= 14 Wks Addl Fetus			\$53.09	
76810	Ob Us >= 14 Wks Addl Fetus	26		\$28.53	
76810	Ob Us >= 14 Wks Addl Fetus	TC		\$24.56	
76811	Ob Us Detailed Sngl Fetus			\$102.42	
76811	Ob Us Detailed Sngl Fetus	26		\$55.86	
76811	Ob Us Detailed Sngl Fetus	TC		\$46.55	
76812	Ob Us Detailed Addl Fetus			\$115.89	
76812	Ob Us Detailed Addl Fetus	26		\$52.50	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76812	Ob Us Detailed Addl Fetus	TC		\$63.39	
76813	Ob Us Nuchal Meas 1 Gest			\$67.95	
76813	Ob Us Nuchal Meas 1 Gest	26		\$34.47	
76813	Ob Us Nuchal Meas 1 Gest	TC		\$33.48	
76814	Ob Us Nuchal Meas Add-On			\$45.56	
76814	Ob Us Nuchal Meas Add-On	26		\$28.92	
76814	Ob Us Nuchal Meas Add-On	TC		\$16.64	
76815	Ob Us Limited Fetus(S)			\$47.35	
76815	Ob Us Limited Fetus(S)	26		\$18.62	
76815	Ob Us Limited Fetus(S)	TC		\$28.72	
76816	Ob Us Follow-Up Per Fetus			\$64.38	
76816	Ob Us Follow-Up Per Fetus	26		\$24.76	
76816	Ob Us Follow-Up Per Fetus	TC		\$39.62	
76817	Transvaginal Us Obstetric			\$54.68	
76817	Transvaginal Us Obstetric	26		\$21.79	
76817	Transvaginal Us Obstetric	TC		\$32.88	
76818	Fetal Biophys Profile W/Nst			\$67.95	
76818	Fetal Biophys Profile W/Nst	26		\$30.71	
76818	Fetal Biophys Profile W/Nst	TC		\$37.24	
76819	Fetal Biophys Profil W/O Nst			\$49.72	
76819	Fetal Biophys Profil W/O Nst	26		\$22.39	
76819	Fetal Biophys Profil W/O Nst	TC		\$27.34	
76820	Umbilical Artery Echo			\$26.55	
76820	Umbilical Artery Echo	26		\$14.46	
76820	Umbilical Artery Echo	TC		\$12.08	
76821	Middle Cerebral Artery Echo			\$52.10	
76821	Middle Cerebral Artery Echo	26		\$20.40	
76821	Middle Cerebral Artery Echo	TC		\$31.70	
76825	Echo Exam Of Fetal Heart			\$155.31	
76825	Echo Exam Of Fetal Heart	26		\$47.74	
76825	Echo Exam Of Fetal Heart	TC		\$107.57	
76826	Echo Exam Of Fetal Heart			\$92.12	
76826	Echo Exam Of Fetal Heart	26		\$23.77	
76826	Echo Exam Of Fetal Heart	TC		\$68.34	
76827	Echo Exam Of Fetal Heart			\$42.79	
76827	Echo Exam Of Fetal Heart	26		\$16.44	
76827	Echo Exam Of Fetal Heart	TC		\$26.35	
76828	Echo Exam Of Fetal Heart			\$30.11	
76828	Echo Exam Of Fetal Heart	26		\$16.05	
76828	Echo Exam Of Fetal Heart	TC		\$14.07	
76830	Transvaginal Us Non-Ob			\$68.34	
76830	Transvaginal Us Non-Ob	26		\$19.81	
76830	Transvaginal Us Non-Ob	TC		\$48.53	
76831	Echo Exam Uterus			\$66.56	
76831	Echo Exam Uterus	26		\$21.00	
76831	Echo Exam Uterus	TC		\$45.56	
76856	Us Exam Pelvic Complete			\$61.21	
76856	Us Exam Pelvic Complete	26		\$19.22	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76856	Us Exam Pelvic Complete	TC		\$42.00	
76857	Us Exam Pelvic Limited			\$26.15	
76857	Us Exam Pelvic Limited	26		\$13.47	
76857	Us Exam Pelvic Limited	TC		\$12.68	
76870	Us Exam Scrotum			\$37.24	
76870	Us Exam Scrotum	26		\$17.63	
76870	Us Exam Scrotum	TC		\$19.61	
76872	Us Transrectal			\$52.30	
76872	Us Transrectal	26		\$18.82	
76872	Us Transrectal	TC		\$33.48	
76873	Echograp Trans R Pros Study			\$92.91	
76873	Echograp Trans R Pros Study	26		\$43.38	
76873	Echograp Trans R Pros Study	TC		\$49.53	
76881	Us Xtr Non-Vasc Complete			\$64.98	
76881	Us Xtr Non-Vasc Complete	26		\$17.83	
76881	Us Xtr Non-Vasc Complete	TC		\$47.15	
76882	Us Xtr Non-Vasc Lmted			\$20.21	
76882	Us Xtr Non-Vasc Lmted	26		\$13.87	
76882	Us Xtr Non-Vasc Lmted	TC		\$6.34	
76885	Us Exam Infant Hips Dynamic			\$80.82	
76885	Us Exam Infant Hips Dynamic	26		\$20.60	
76885	Us Exam Infant Hips Dynamic	TC		\$60.22	
76886	Us Exam Infant Hips Static			\$59.43	
76886	Us Exam Infant Hips Static	26		\$17.63	
76886	Us Exam Infant Hips Static	TC		\$41.80	
76941	Echo Guide For Transfusion			\$74.17	
76941	Echo Guide For Transfusion	26		\$38.83	
76941	Echo Guide For Transfusion	TC		\$33.29	
76942	Echo Guide For Biopsy			\$33.88	
76942	Echo Guide For Biopsy	26		\$18.82	
76942	Echo Guide For Biopsy	TC		\$15.06	
76945	Echo Guide Villus Sampling			\$53.26	
76945	Echo Guide Villus Sampling	26		\$19.81	
76945	Echo Guide Villus Sampling	TC		\$33.29	
76946	Echo Guide For Amniocentesis			\$18.42	
76946	Echo Guide For Amniocentesis	26		\$11.09	
76946	Echo Guide For Amniocentesis	TC		\$7.33	
77051	Computer Dx Mammogram Add-On			\$4.95	
77051	Computer Dx Mammogram Add-On	26		\$1.78	
77051	Computer Dx Mammogram Add-On	TC		\$3.17	
77052	Comp Screen Mammogram Add-On			\$4.95	
77052	Comp Screen Mammogram Add-On	26		\$1.78	
77052	Comp Screen Mammogram Add-On	TC		\$3.17	
77053	X-Ray Of Mammary Duct			\$32.29	
77053	X-Ray Of Mammary Duct	26		\$10.10	
77053	X-Ray Of Mammary Duct	TC		\$22.19	
77054	X-Ray Of Mammary Ducts			\$42.39	
77054	X-Ray Of Mammary Ducts	26		\$12.88	

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Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
77054	X-Ray Of Mammary Ducts	TC		\$29.52	
77055	Mammogram One Breast			\$49.92	
77055	Mammogram One Breast	26		\$19.81	
77055	Mammogram One Breast	TC		\$30.11	
77056	Mammogram Both Breasts			\$64.18	
77056	Mammogram Both Breasts	26		\$24.56	
77056	Mammogram Both Breasts	TC		\$39.62	
77057	Mammogram Screening			\$45.76	
77057	Mammogram Screening	26		\$19.81	
77057	Mammogram Screening	TC		\$25.95	
77071	X-Ray Stress View			\$26.94	
77072	X-Rays For Bone Age			\$12.68	
77072	X-Rays For Bone Age	26		\$5.35	
77072	X-Rays For Bone Age	TC		\$7.33	
77073	X-Rays Bone Length Studies			\$20.21	
77073	X-Rays Bone Length Studies	26		\$8.32	
77073	X-Rays Bone Length Studies	TC		\$11.89	
77074	X-Rays Bone Survey Limited			\$35.26	
77074	X-Rays Bone Survey Limited	26		\$12.68	
77074	X-Rays Bone Survey Limited	TC		\$22.58	
77075	X-Rays Bone Survey Complete			\$48.34	
77075	X-Rays Bone Survey Complete	26		\$15.25	
77075	X-Rays Bone Survey Complete	TC		\$33.08	
77076	X-Rays Bone Survey Infant			\$52.89	
77076	X-Rays Bone Survey Infant	26		\$19.81	
77076	X-Rays Bone Survey Infant	TC		\$33.08	
77077	Joint Survey Single View			\$21.00	
77077	Joint Survey Single View	26		\$9.51	
77077	Joint Survey Single View	TC		\$11.49	
77080	Dxa Bone Density Axial			\$22.39	
77080	Dxa Bone Density Axial	26		\$5.74	
77080	Dxa Bone Density Axial	TC		\$16.64	
77081	Dxa Bone Density/Peripheral			\$15.65	
77081	Dxa Bone Density/Peripheral	26		\$6.14	
77081	Dxa Bone Density/Peripheral	TC		\$9.51	
80047	Metabolic Panel Ionized Ca			\$9.31	
80048	Metabolic Panel Total Ca			\$9.31	
80051	Electrolyte Panel			\$4.54	
80053	Comprehen Metabolic Panel			\$11.43	
80055	Obstetric Panel			\$38.39	
80061	Lipid Panel			\$12.53	
80069	Renal Function Panel			\$9.54	
80074	Acute Hepatitis Panel			\$51.00	
80076	Hepatic Function Panel			\$5.03	
80150	Assay Of Amikacin			\$10.24	
80155	Drug Screen Quant Caffeine			\$10.71	
80156	Assay Carbamazepine Total			\$10.24	
80158	Assay Of Cyclosporine			\$10.24	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
80159	Drug Screen Quant Clozapine			\$18.67	
80162	Assay Of Digoxin Total			\$10.24	
80163	Assay Of Digoxin Free			\$14.96	
80164	Assay Dipropylacetic Acd Tot			\$10.24	
80165	Dipropylacetic Acid Free			\$15.27	
80168	Assay Of Ethosuximide			\$10.24	
80169	Drug Screen Quant Everolimus			\$15.51	
80170	Assay Of Gentamicin			\$10.24	
80171	Drug Screen Quant Gabapentin			\$14.98	
80175	Drug Screen Quan Lamotrigine			\$14.98	
80176	Assay Of Lidocaine			\$10.24	
80177	Drug Scrn Quan Levetiracetam			\$14.98	
80178	Assay Of Lithium			\$6.74	
80180	Drug Scrn Quan Mycophenolate			\$13.15	
80183	Drug Scrn Quant Oxcarbazepin			\$14.98	
80184	Assay Of Phenobarbital			\$10.24	
80185	Assay Of Phenytoin Total			\$10.24	
80186	Assay Of Phenytoin Free			\$10.24	
80188	Assay Of Primidone			\$10.24	
80190	Assay Of Procainamide			\$10.24	
80192	Assay Of Procainamide			\$10.24	
80194	Assay Of Quinidine			\$10.24	
80195	Assay Of Sirolimus			\$10.24	
80197	Assay Of Tacrolimus			\$10.24	
80198	Assay Of Theophylline			\$10.24	
80199	Drug Screen Quant Tiagabine			\$13.16	
80200	Assay Of Tobramycin			\$10.24	
80201	Assay Of Topiramate			\$10.24	
80202	Assay Of Vancomycin			\$10.24	
80203	Drug Screen Quant Zonisamide			\$14.98	
80299	Quantitative Assay Drug			\$10.24	
80500	Lab Pathology Consultation			\$12.88	
80502	Lab Pathology Consultation			\$40.61	
81000	Urinalysis Nonauto W/Scope			\$2.64	
81001	Urinalysis Auto W/Scope			\$2.64	
81002	Urinalysis Nonauto W/O Scope			\$1.10	
81003	Urinalysis Auto W/O Scope			\$1.10	
81005	Urinalysis			\$1.37	
81015	Microscopic Exam Of Urine			\$1.54	
81025	Urine Pregnancy Test			\$4.74	
81099	Urinalysis Test Procedure			M	
82009	Test For Acetone/Ketones			\$1.32	
82010	Acetone Assay			\$2.83	
82016	Acylcarnitines Qual			\$15.26	
82017	Acylcarnitines Quant			\$15.51	
82024	Assay Of Acth			\$42.43	
82030	Assay Of Adp & Amp			\$15.01	
82040	Assay Of Serum Albumin			\$3.03	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
October - 2015

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82042	Assay Of Urine Albumin			\$2.05	
82043	Microalbumin Quantitative			\$2.05	
82044	Microalbumin Semiquant			\$2.05	
82085	Assay Of Aldolase			\$6.82	
82088	Assay Of Aldosterone			\$32.69	
82105	Alpha-Fetoprotein Serum			\$18.20	
82120	Amines Vaginal Fluid Qual			\$4.12	
82127	Amino Acid Single Qual			\$15.51	
82128	Amino Acids Mult Qual			\$15.23	
82131	Amino Acids Single Quant			\$15.51	
82135	Assay Aminolevulinic Acid			\$13.75	
82136	Amino Acids Quant 2-5			\$15.51	
82139	Amino Acids Quan 6 Or More			\$15.51	
82140	Assay Of Ammonia			\$8.64	
82143	Amniotic Fluid Scan			\$8.31	
82150	Assay Of Amylase			\$4.31	
82154	Androstanediol Glucuronide			\$27.48	
82157	Assay Of Androstenedione			\$15.83	
82160	Assay Of Androsterone			\$11.38	
82163	Assay Of Angiotensin li			\$21.38	
82164	Angiotensin I Enzyme Test			\$11.38	
82172	Assay Of Apolipoprotein			\$4.54	
82175	Assay Of Arsenic			\$21.38	
82180	Assay Of Ascorbic Acid			\$5.23	
82232	Assay Of Beta-2 Protein			\$18.20	
82239	Bile Acids Total			\$10.21	
82240	Bile Acids Cholyglycine			\$10.21	
82247	Bilirubin Total			\$5.52	
82248	Bilirubin Direct			\$5.52	
82252	Fecal Bilirubin Test			\$5.18	
82261	Assay Of Biotinidase			\$15.51	
82270	Occult Blood Feces			\$2.27	
82271	Occult Blood Other Sources			\$2.27	
82272	Occult Bld Feces 1-3 Tests			\$2.27	
82274	Assay Test For Blood Fecal			\$19.88	
82300	Assay Of Cadmium			\$9.29	
82308	Assay Of Calcitonin			\$25.03	
82310	Assay Of Calcium			\$2.87	
82330	Assay Of Calcium			\$8.64	
82340	Assay Of Calcium In Urine			\$4.31	
82355	Calculus Analysis Qual			\$11.38	
82360	Calculus Assay Quant			\$11.16	
82365	Calculus Spectroscopy			\$11.39	
82370	X-Ray Assay Calculus			\$11.39	
82374	Assay Blood Carbon Dioxide			\$2.98	
82375	Assay Carboxyhb Quant			\$6.82	
82376	Assay Carboxyhb Qual			\$6.09	
82378	Carcinoembryonic Antigen			\$14.65	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82379	Assay Of Carnitine			\$15.51	
82380	Assay Of Carotene			\$6.36	
82382	Assay Urine Catecholamines			\$17.01	
82383	Assay Blood Catecholamines			\$17.01	
82384	Assay Three Catecholamines			\$17.01	
82390	Assay Of Ceruloplasmin			\$9.32	
82415	Assay Of Chloramphenicol			\$8.64	
82435	Assay Of Blood Chloride			\$2.51	
82436	Assay Of Urine Chloride			\$4.01	
82438	Assay Other Fluid Chlorides			\$2.50	
82465	Assay Bld/Serum Cholesterol			\$2.65	
82480	Assay Serum Cholinesterase			\$6.36	
82482	Assay Rbc Cholinesterase			\$6.92	
82495	Assay Of Chromium			\$8.64	
82525	Assay Of Copper			\$8.64	
82528	Assay Of Corticosterone			\$23.66	
82530	Cortisol Free			\$15.95	
82533	Total Cortisol			\$15.95	
82540	Assay Of Creatine			\$4.54	
82565	Assay Of Creatinine			\$2.93	
82570	Assay Of Urine Creatinine			\$3.42	
82575	Creatinine Clearance Test			\$5.90	
82585	Assay Of Cryofibrinogen			\$7.50	
82595	Assay Of Cryoglobulin			\$7.50	
82600	Assay Of Cyanide			\$18.73	
82607	Vitamin B-12			\$10.92	
82615	Test For Urine Cystines			\$6.36	
82626	Dehydroepiandrosterone			\$27.48	
82627	Dehydroepiandrosterone			\$24.43	
82633	Desoxycorticosterone			\$31.62	
82634	Deoxycortisol			\$18.64	
82638	Assay Of Dibucaine Number			\$12.07	
82652	Vit D 1 25-Dihydroxy			\$42.28	
82668	Assay Of Erythropoietin			\$21.38	
82670	Assay Of Estradiol			\$12.12	
82671	Assay Of Estrogens			\$28.20	
82672	Assay Of Estrogen			\$17.06	
82677	Assay Of Estriol			\$26.57	
82679	Assay Of Estrone			\$11.96	
82693	Assay Of Ethylene Glycol			\$6.36	
82696	Assay Of Etiocholanolone			\$15.98	
82705	Fats/Lipids Feces Qual			\$2.27	
82710	Fats/Lipids Feces Quant			\$3.74	
82715	Assay Of Fecal Fat			\$3.82	
82725	Assay Of Blood Fatty Acids			\$11.15	
82726	Long Chain Fatty Acids			\$12.78	
82728	Assay Of Ferritin			\$14.56	
82731	Assay Of Fetal Fibronectin			\$70.74	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82735	Assay Of Fluoride			\$11.38	
82746	Assay Of Folic Acid Serum			\$10.92	
82760	Assay Of Galactose			\$8.57	
82775	Assay Galactose Transferase			\$17.06	
82777	Galectin-3			\$24.85	
82784	Assay Iga/Igd/Igg/Igm Each			\$9.32	
82800	Blood Ph			\$2.36	
82803	Blood Gases Any Combination			\$10.96	
82805	Blood Gases W/O2 Saturation			\$22.67	
82810	Blood Gases O2 Sat Only			\$9.58	
82938	Gastrin Test			\$14.20	
82941	Assay Of Gastrin			\$14.20	
82943	Assay Of Glucagon			\$8.36	
82946	Glucagon Tolerance Test			\$14.20	
82947	Assay Glucose Blood Quant			\$2.29	
82948	Reagent Strip/Blood Glucose			\$1.32	
82950	Glucose Test			\$4.08	
82951	Glucose Tolerance Test (Gtt)			\$11.73	
82952	Gtt-Added Samples			\$3.64	
82955	Assay Of G6pd Enzyme			\$7.95	
82960	Test For G6pd Enzyme			\$5.23	
82962	Glucose Blood Test			\$2.64	
82965	Assay Of Gdh Enzyme			\$6.92	
82977	Assay Of Ggt			\$4.40	
82979	Assay Rbc Glutathione			\$5.23	
82985	Assay Of Glycated Protein			\$12.74	
83001	Assay Of Gonadotropin (Fsh)			\$12.67	
83002	Assay Of Gonadotropin (Lh)			\$15.83	
83003	Assay Growth Hormone (Hgh)			\$15.83	
83010	Assay Of Haptoglobin Quant			\$10.66	
83014	H Pylori Drug Admin			\$8.81	
83015	Heavy Metal Screen			\$6.36	
83018	Quantitative Screen Metals			\$20.92	
83020	Hemoglobin Electrophoresis			\$10.56	
83020	Hemoglobin Electrophoresis	26		\$10.50	
83021	Hemoglobin Chromatography			\$12.78	
83026	Hemoglobin Copper Sulfate			\$2.50	
83030	Fetal Hemoglobin Chemical			\$3.82	
83033	Fetal Hemoglobin Assay Qual			\$5.23	
83036	Glycosylated Hemoglobin Test			\$8.64	
83037	Glycosylated Hb Home Device			\$8.64	
83045	Blood Methemoglobin Test			\$4.31	
83050	Blood Methemoglobin Assay			\$3.79	
83051	Assay Of Plasma Hemoglobin			\$4.01	
83060	Blood Sulfhemoglobin Assay			\$3.82	
83065	Assay Of Hemoglobin Heat			\$3.82	
83068	Hemoglobin Stability Screen			\$3.82	
83069	Assay Of Urine Hemoglobin			\$1.85	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
83070	Assay Of Hemosiderin Qual			\$2.50	
83080	Assay Of B Hexosaminidase			\$15.51	
83090	Assay Of Homocystine			\$17.22	
83150	Assay Of Homovanillic Acid			\$16.16	
83491	Assay Of Corticosteroids 17			\$14.20	
83497	Assay Of 5-Hiaa			\$12.74	
83498	Assay Of Progesterone 17-D			\$15.83	
83500	Assay Free Hydroxyproline			\$8.64	
83505	Assay Total Hydroxyproline			\$17.06	
83525	Assay Of Insulin			\$12.74	
83527	Assay Of Insulin			\$12.74	
83540	Assay Of Iron			\$3.96	
83550	Iron Binding Test			\$6.36	
83570	Assay Of Idh Enzyme			\$5.90	
83582	Assay Of Ketogenic Steroids			\$11.38	
83586	Assay 17- Ketosteroids			\$9.32	
83593	Fractionation Ketosteroids			\$27.48	
83605	Assay Of Lactic Acid			\$5.68	
83615	Lactate (Ld) (Ldh) Enzyme			\$3.60	
83625	Assay Of Ldh Enzymes			\$12.74	
83631	Lactoferrin Fecal (Quant)			\$17.52	
83632	Placental Lactogen			\$18.20	
83633	Test Urine For Lactose			\$6.06	
83655	Assay Of Lead			\$11.38	
83661	L/S Ratio Fetal Lung			\$22.74	
83662	Foam Stability Fetal Lung			\$2.65	
83690	Assay Of Lipase			\$5.00	
83695	Assay Of Lipoprotein(A)			\$14.98	
83698	Assay Lipoprotein Pla2			\$39.27	
83700	Lipopro Bld Electrophoretic			\$12.36	
83701	Lipoprotein Bld Hr Fraction			\$15.95	
83704	Lipoprotein Bld By Nmr			\$21.11	
83718	Assay Of Lipoprotein			\$6.36	
83719	Assay Of Blood Lipoprotein			\$6.36	
83721	Assay Of Blood Lipoprotein			\$6.36	
83735	Assay Of Magnesium			\$4.08	
83775	Assay Malate Dehydrogenase			\$6.92	
83785	Assay Of Manganese			\$11.38	
83825	Assay Of Mercury			\$11.38	
83835	Assay Of Metanephries			\$14.56	
83857	Assay Of Methemalbumin			\$8.64	
83861	Microfluid Analy Tears			\$19.52	
83864	Mucopolysaccharides			\$20.47	
83872	Assay Synovial Fluid Mucin			\$2.50	
83874	Assay Of Myoglobin			\$10.24	
83880	Assay Of Natriuretic Peptide			\$37.70	
83885	Assay Of Nickel			\$9.29	
83915	Assay Of Nucleotidase			\$9.29	

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Michigan Department of Health and Human Services
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
83916	Oligoclonal Bands			\$18.20	
83930	Assay Of Blood Osmolality			\$5.23	
83935	Assay Of Urine Osmolality			\$5.23	
83937	Assay Of Osteocalcin			\$8.64	
83945	Assay Of Oxalate			\$10.24	
83970	Assay Of Parathormone			\$45.35	
83986	Assay Ph Body Fluid Nos			\$2.36	
83987	Exhaled Breath Condensate			\$16.43	
83992	Assay For Phencyclidine			\$13.19	
84030	Assay Of Blood Pku			\$2.97	
84035	Assay Of Phenylketones			\$3.56	
84060	Assay Acid Phosphatase			\$4.31	
84066	Assay Prostate Phosphatase			\$6.36	
84075	Assay Alkaline Phosphatase			\$3.16	
84078	Assay Alkaline Phosphatase			\$6.82	
84080	Assay Alkaline Phosphatases			\$6.82	
84081	Assay Phosphatidylglycerol			\$18.16	
84087	Assay Phosphohexose Enzymes			\$10.46	
84100	Assay Of Phosphorus			\$2.51	
84105	Assay Of Urine Phosphorus			\$2.50	
84106	Test For Porphobilinogen			\$4.71	
84110	Assay Of Porphobilinogen			\$7.50	
84112	Eval Amniotic Fluid Protein			\$75.04	
84119	Test Urine For Porphyrins			\$4.74	
84120	Assay Of Urine Porphyrins			\$13.75	
84126	Assay Of Feces Porphyrins			\$26.38	
84132	Assay Of Serum Potassium			\$2.81	
84133	Assay Of Urine Potassium			\$4.31	
84134	Assay Of Prealbumin			\$4.74	
84135	Assay Of Pregnanediol			\$14.03	
84138	Assay Of Pregnanetriol			\$19.43	
84140	Assay Of Pregnenolone			\$17.01	
84143	Assay Of 17-Hydroxypregneo			\$17.01	
84144	Assay Of Progesterone			\$17.01	
84145	Procalcitonin (Pct)			\$22.98	
84146	Assay Of Prolactin			\$16.44	
84153	Assay Of Psa Total			\$19.42	
84154	Assay Of Psa Free			\$20.20	
84155	Assay Of Protein Serum			\$2.23	
84160	Assay Of Protein Any Source			\$2.04	
84165	Protein E-Phoresis Serum			\$8.64	
84165	Protein E-Phoresis Serum	26		\$10.50	
84166	Protein E-Phoresis/Urine/Csf			\$14.98	
84166	Protein E-Phoresis/Urine/Csf	26		\$10.50	
84181	Western Blot Test			\$19.10	
84181	Western Blot Test	26		\$10.50	
84182	Protein Western Blot Test			\$19.10	
84182	Protein Western Blot Test	26		\$10.50	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
84202	Assay Rbc Protoporphyrin			\$5.00	
84210	Assay Of Pyruvate			\$6.92	
84220	Assay Of Pyruvate Kinase			\$6.36	
84228	Assay Of Quinine			\$9.29	
84233	Assay Of Estrogen			\$50.06	
84234	Assay Of Progesterone			\$45.49	
84238	Assay Nonendocrine Receptor			\$10.69	
84244	Assay Of Renin			\$21.38	
84255	Assay Of Selenium			\$8.64	
84260	Assay Of Serotonin			\$6.21	
84285	Assay Of Silica			\$2.36	
84295	Assay Of Serum Sodium			\$2.85	
84300	Assay Of Urine Sodium			\$2.50	
84302	Assay Of Sweat Sodium			\$5.17	
84305	Assay Of Somatomedin			\$15.83	
84307	Assay Of Somatostatin			\$15.83	
84392	Assay Of Urine Sulfate			\$1.37	
84402	Assay Of Free Testosterone			\$20.37	
84403	Assay Of Total Testosterone			\$20.37	
84430	Assay Of Thiocyanate			\$4.54	
84431	Thromboxane Urine			\$15.34	
84432	Assay Of Thyroglobulin			\$12.29	
84436	Assay Of Total Thyroxine			\$7.55	
84437	Assay Of Neonatal Thyroxine			\$4.54	
84439	Assay Of Free Thyroxine			\$8.44	
84442	Assay Of Thyroid Activity			\$12.29	
84443	Assay Thyroid Stim Hormone			\$8.27	
84445	Assay Of Tsi Globulin			\$55.51	
84449	Assay Of Transcortin			\$12.29	
84450	Transferase (Ast) (Sgot)			\$3.15	
84460	Alanine Amino (Alt) (Sgpt)			\$3.18	
84466	Assay Of Transferrin			\$12.29	
84478	Assay Of Triglycerides			\$3.52	
84479	Assay Of Thyroid (T3 Or T4)			\$7.12	
84480	Assay Triiodothyronine (T3)			\$15.57	
84481	Free Assay (Ft-3)			\$18.61	
84484	Assay Of Troponin Quant			\$10.81	
84488	Test Feces For Trypsin			\$5.90	
84490	Assay Of Feces For Trypsin			\$6.87	
84510	Assay Of Tyrosine			\$5.23	
84512	Assay Of Troponin Qual			\$8.46	
84520	Assay Of Urea Nitrogen			\$2.25	
84540	Assay Of Urine/Urea-N			\$3.42	
84545	Urea-N Clearance Test			\$4.96	
84550	Assay Of Blood/Uric Acid			\$2.76	
84560	Assay Of Urine/Uric Acid			\$3.42	
84577	Assay Of Feces/Urobilinogen			\$4.31	
84578	Test Urine Urobilinogen			\$2.50	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
84580	Assay Of Urine Urobilinogen			\$4.31	
84583	Assay Of Urine Urobilinogen			\$2.50	
84585	Assay Of Urine Vma			\$15.24	
84588	Assay Of Vasopressin			\$20.92	
84590	Assay Of Vitamin A			\$8.64	
84600	Assay Of Volatiles			\$17.65	
84620	Xylose Tolerance Test			\$8.18	
84630	Assay Of Zinc			\$9.09	
84681	Assay Of C-Peptide			\$15.62	
84702	Chorionic Gonadotropin Test			\$6.13	
84703	Chorionic Gonadotropin Assay			\$4.18	
84704	Hcg Free Betachain Test			\$6.62	
84999	Clinical Chemistry Test			M	
85002	Bleeding Time Test			\$4.94	
85004	Automated Diff Wbc Count			\$5.17	
85007	BI Smear W/Diff Wbc Count			\$2.42	
85008	BI Smear W/O Diff Wbc Count			\$2.50	
85009	Manual Diff Wbc Count B-Coat			\$1.82	
85013	Spun Microhematocrit			\$2.50	
85014	Hematocrit			\$2.50	
85018	Hemoglobin			\$2.50	
85025	Complete Cbc W/Auto Diff Wbc			\$4.96	
85027	Complete Cbc Automated			\$4.31	
85032	Manual Cell Count Each			\$4.77	
85041	Automated Rbc Count			\$1.82	
85044	Manual Reticulocyte Count			\$4.30	
85045	Automated Reticulocyte Count			\$4.30	
85046	Reticyte/Hgb Concentrate			\$4.50	
85048	Automated Leukocyte Count			\$2.50	
85049	Automated Platelet Count			\$4.96	
85097	Bone Marrow Interpretation			\$49.33	
85175	Blood Clot Lysis Time			\$4.99	
85210	Clot Factor Ii Prothrom Spec			\$14.91	
85220	Blooc Clot Factor V Test			\$8.56	
85230	Clot Factor Vii Proconvertin			\$17.93	
85240	Clot Factor Viii Ahg 1 Stage			\$12.40	
85244	Clot Factor Viii Reltd Antgn			\$22.74	
85245	Clot Factor Viii Vw Ristoctn			\$9.25	
85246	Clot Factor Viii Vw Antigen			\$9.25	
85247	Clot Factor Viii Multimetrix			\$9.25	
85250	Clot Factor Ix Ptc/Chrsmas			\$14.91	
85260	Clot Factor X Stuart-Power			\$14.91	
85270	Clot Factor Xi Pta			\$14.91	
85280	Clot Factor Xii Hageman			\$14.91	
85290	Clot Factor Xiii Fibrin Stab			\$14.91	
85291	Clot Factor Xiii Fibrin Scrn			\$6.92	
85292	Clot Factor Fletcher Fact			\$16.05	
85293	Clot Factor Wght Kininogen			\$17.13	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
85300	Antithrombin Iii Activity			\$14.19	
85301	Antithrombin Iii Antigen			\$8.94	
85302	Clot Inhibit Prot C Antigen			\$14.29	
85303	Clot Inhibit Prot C Activity			\$14.29	
85305	Clot Inhibit Prot S Total			\$12.74	
85306	Clot Inhibit Prot S Free			\$14.29	
85335	Factor Inhibitor Test			\$14.91	
85337	Thrombomodulin			\$12.72	
85345	Coagulation Time Lee & White			\$3.72	
85347	Coagulation Time Activated			\$3.82	
85348	Coagulation Time Otr Method			\$4.31	
85360	Euglobulin Lysis			\$5.90	
85362	Fibrin Degradation Products			\$4.31	
85366	Fibrinogen Test			\$7.58	
85370	Fibrinogen Test			\$7.37	
85378	Fibrin Degrade Semiquant			\$5.68	
85379	Fibrin Degradation Quant			\$7.37	
85380	Fibrin Degradj D-Dimer			\$10.05	
85384	Fibrinogen Activity			\$7.81	
85385	Fibrinogen Antigen			\$7.81	
85390	Fibrinolysins Screen I&R			\$3.05	
85390	Fibrinolysins Screen I&R	26		\$10.50	
85400	Fibrinolytic Plasmin			\$6.92	
85410	Fibrinolytic Antiplasmin			\$6.92	
85415	Fibrinolytic Plasminogen			\$6.92	
85420	Fibrinolytic Plasminogen			\$6.92	
85421	Fibrinolytic Plasminogen			\$7.01	
85441	Heinz Bodies Direct			\$4.62	
85445	Heinz Bodies Induced			\$7.48	
85460	Hemoglobin Fetal			\$3.82	
85461	Hemoglobin Fetal			\$7.82	
85520	Heparin Assay			\$6.60	
85525	Heparin Neutralization			\$6.74	
85530	Heparin-Protamine Tolerance			\$8.64	
85540	Wbc Alkaline Phosphatase			\$6.82	
85547	Rbc Mechanical Fragility			\$2.82	
85549	Muramidase			\$13.75	
85557	Rbc Osmotic Fragility			\$6.09	
85576	Blood Platelet Aggregation			\$6.09	
85576	Blood Platelet Aggregation	26		\$10.50	
85597	Phospholipid Pltlt Neutraliz			\$6.59	
85598	Hexagnal Phosph Pltlt Neutrl			\$6.65	
85610	Prothrombin Time			\$3.64	
85611	Prothrombin Test			\$4.68	
85612	Viper Venom Prothrombin Time			\$8.73	
85613	Russell Viper Venom Diluted			\$8.73	
85635	Reptilase Test			\$4.54	
85651	Rbc Sed Rate Nonautomated			\$2.50	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
85652	Rbc Sed Rate Automated			\$2.97	
85660	Rbc Sick Cell Test			\$2.50	
85670	Thrombin Time Plasma			\$4.31	
85675	Thrombin Time Titer			\$4.31	
85705	Thromboplastin Inhibition			\$0.88	
85730	Thromboplastin Time Partial			\$4.31	
85732	Thromboplastin Time Partial			\$5.23	
85810	Blood Viscosity Examination			\$8.64	
85999	Hematology Procedure			M	
86000	Agglutinins Febrile Antigen			\$4.31	
86003	Allergen Specific Ige			\$5.73	
86005	Allergen Specific Ige			\$2.64	
86038	Antinuclear Antibodies			\$6.88	
86060	Antistreptolysin O Titer			\$5.52	
86063	Antistreptolysin O Screen			\$4.20	
86140	C-Reactive Protein			\$4.31	
86141	C-Reactive Protein Hs			\$14.22	
86148	Anti-Phospholipid Antibody			\$10.24	
86152	Cell Enumeration & Id			\$175.82	
86153	Cell Enumeration Phys Interp	26		\$19.61	
86156	Cold Agglutinin Screen			\$5.40	
86157	Cold Agglutinin Titer			\$6.55	
86161	Complement/Function Activity			\$10.96	
86162	Complement Total (Ch50)			\$20.92	
86171	Complement Fixation Each			\$11.01	
86200	Ccp Antibody			\$14.98	
86215	Deoxyribonuclease Antibody			\$10.46	
86225	Dna Antibody Native			\$11.38	
86226	Dna Antibody Single Strand			\$11.38	
86235	Nuclear Antigen Antibody			\$10.46	
86255	Fluorescent Antibody Screen			\$13.23	
86255	Fluorescent Antibody Screen	26		\$10.50	
86256	Fluorescent Antibody Titer			\$12.29	
86256	Fluorescent Antibody Titer	26		\$10.50	
86277	Growth Hormone Antibody			\$17.59	
86300	Immunoassay Tumor Ca 15-3			\$22.86	
86304	Immunoassay Tumor Ca 125			\$22.86	
86305	Human Epididymis Protein 4			\$24.67	
86308	Heterophile Antibody Screen			\$4.31	
86309	Heterophile Antibody Titer			\$4.78	
86310	Heterophile Antibody Absrbj			\$5.68	
86316	Immunoassay Tumor Other			\$19.42	
86318	Immunoassay Infectious Agent			\$11.26	
86320	Serum Immunoelectrophoresis			\$21.38	
86320	Serum Immunoelectrophoresis	26		\$10.50	
86325	Other Immunoelectrophoresis			\$21.38	
86325	Other Immunoelectrophoresis	26		\$10.50	
86334	Immunofix E-Phoresis Serum			\$23.82	

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86334	Immunofix E-Phoresis Serum	26		\$10.50	
86335	Immunfix E-Phorsis/Urine/Csf			\$30.49	
86335	Immunfix E-Phorsis/Urine/Csf	26		\$10.50	
86337	Insulin Antibodies			\$12.74	
86340	Intrinsic Factor Antibody			\$16.16	
86341	Islet Cell Antibody			\$12.74	
86352	Cell Function Assay W/Stim			\$80.56	
86353	Lymphocyte Transformation			\$42.07	
86356	Mononuclear Cell Antigen			\$15.63	
86382	Neutralization Test Viral			\$12.52	
86384	Nitroblue Tetrazolium Dye			\$9.29	
86386	Nuclear Matrix Protein 22			\$11.13	
86403	Particle Agglut Antbdy Scrn			\$4.71	
86406	Particle Agglut Antbdy Titr			\$4.71	
86430	Rheumatoid Factor Test Qual			\$3.54	
86431	Rheumatoid Factor Quant			\$5.30	
86481	Tb Ag Response T-Cell Susp			\$72.21	
86485	Skin Test Candida			\$6.39	
86486	Skin Test Nos Antigen			\$2.77	
86490	Coccidioidomycosis Skin Test			\$3.76	
86510	Histoplasmosis Skin Test			\$3.37	
86580	Tb Intradermal Test			\$4.36	
86592	Syphilis Test Non-Trep Qual			\$2.73	
86593	Syphilis Test Non-Trep Quant			\$4.74	
86687	Htlv-I Antibody			\$9.22	
86688	Htlv-Ii Antibody			\$11.36	
86692	Hepatitis Delta Agent Antbdy			\$10.24	
86701	Hiv-1antibody			\$9.76	
86702	Hiv-2 Antibody			\$11.56	
86703	Hiv-1/Hiv-2 1 Result Antbdy			\$11.56	
86704	Hep B Core Antibody Total			\$10.24	
86705	Hep B Core Antibody Igm			\$10.24	
86706	Hep B Surface Antibody			\$10.24	
86707	Hepatitis Be Antibody			\$10.24	
86708	Hepatitis A Total Antibody			\$10.24	
86778	Toxoplasma Antibody Igm			\$4.74	
86780	Treponema Pallidum			\$13.80	
86803	Hepatitis C Ab Test			\$10.24	
86804	Hep C Ab Test Confirm			\$10.24	
86812	Hla Typing A B Or C			\$27.48	
86813	Hla Typing A B Or C			\$54.50	
86816	Hla Typing Dr/Dq			\$22.74	
86817	Hla Typing Dr/Dq			\$54.50	
86821	Lymphocyte Culture Mixed			\$62.02	
86825	Hla X-Math Non-Cytotoxic			\$48.08	
86826	Hla X-Match Noncytotoxc Addl			\$16.02	
86828	Hla Class I&Ii Antibody Qual			\$44.70	
86829	Hla Class I/Ii Antibody Qual			\$33.53	

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86830	Hla Class I Phenotype Qual			\$91.20	
86831	Hla Class Ii Phenotype Qual			\$78.17	
86832	Hla Class I High Defin Qual			\$143.32	
86833	Hla Class Ii High Defin Qual			\$130.29	
86834	Hla Class I Semiquant Panel			\$403.90	
86835	Hla Class Ii Semiquant Panel			\$364.82	
86849	Immunology Procedure			M	
86850	Rbc Antibody Screen			\$5.27	
86860	Rbc Antibody Elution			\$15.71	
86880	Coombs Test Direct			\$4.31	
86885	Coombs Test Indirect Qual			\$5.27	
86886	Coombs Test Indirect Titer			\$5.68	
86900	Blood Typing Serologic Abo			\$2.04	
86901	Blood Typing Serologic Rh(D)			\$4.33	
87045	Feces Culture Aerobic Bact			\$10.37	
87070	Culture Othr Specimn Aerobic			\$9.31	
87075	Cultr Bacteria Except Blood			\$8.84	
87076	Culture Anaerobe Ident Each			\$8.84	
87077	Culture Aerobic Identify			\$8.86	
87081	Culture Screen Only			\$4.74	
87084	Culture Of Specimen By Kit			\$4.74	
87086	Urine Culture/Colony Count			\$4.42	
87088	Urine Bacteria Culture			\$7.94	
87101	Skin Fungi Culture			\$4.31	
87102	Fungus Isolation Culture			\$4.31	
87106	Fungi Identification Yeast			\$11.35	
87109	Mycoplasma			\$13.75	
87110	Chlamydia Culture			\$13.65	
87116	Mycobacteria Culture			\$2.36	
87118	Mycobacteric Identification			\$10.46	
87140	Culture Type Immunofluoresc			\$4.31	
87143	Culture Typing Glc/Hplc			\$4.31	
87147	Culture Type Immunologic			\$4.31	
87177	Ova And Parasites Smears			\$9.31	
87181	Microbe Susceptible Diffuse			\$1.37	
87184	Microbe Susceptible Disk			\$7.70	
87186	Microbe Susceptible Mic			\$9.51	
87188	Microbe Suscept Macrobroth			\$2.50	
87190	Microbe Suscept Mycobacteri			\$5.23	
87205	Smear Gram Stain			\$4.31	
87206	Smear Fluorescent/Acid Stai			\$5.68	
87207	Smear Special Stain			\$6.57	
87207	Smear Special Stain	26		\$10.50	
87209	Smear Complex Stain			\$19.73	
87210	Smear Wet Mount Saline/Ink			\$2.50	
87220	Tissue Exam For Fungi			\$2.50	
87230	Assay Toxin Or Antitoxin			\$15.24	
87250	Virus Inoculate Eggs/Animal			\$15.01	

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87252	Virus Inoculation Tissue			\$15.01	
87253	Virus Inoculate Tissue Addl			\$7.22	
87255	Genet Virus Isolate Hsv			\$37.60	
87260	Adenovirus Ag If			\$13.18	
87265	Pertussis Ag If			\$13.18	
87267	Enterovirus Antibody Dfa			\$13.32	
87270	Chlamydia Trachomatis Ag If			\$13.18	
87271	Cytomegalovirus Dfa			\$13.32	
87272	Cryptosporidium Ag If			\$13.18	
87274	Herpes Simplex 1 Ag If			\$13.18	
87276	Influenza A Ag If			\$13.18	
87278	Legion Pneumophilia Ag If			\$13.18	
87280	Respiratory Syncytial Ag If			\$13.18	
87285	Treponema Pallidum Ag If			\$13.18	
87290	Varicella Zoster Ag If			\$13.18	
87299	Antibody Detection Nos If			\$13.18	
87301	Adenovirus Ag Eia			\$13.18	
87320	Chylmd Trach Ag Eia			\$13.18	
87324	Clostridium Ag Eia			\$13.18	
87328	Cryptosporidium Ag Eia			\$13.18	
87332	Cytomegalovirus Ag Eia			\$13.18	
87335	E Coli 0157 Ag Eia			\$13.18	
87338	Hpylori Stool Eia			\$15.98	
87340	Hepatitis B Surface Ag Eia			\$11.35	
87350	Hepatitis Be Ag Eia			\$12.66	
87380	Hepatitis Delta Ag Eia			\$14.37	
87385	Histoplasma Capsul Ag Eia			\$13.18	
87389	Hiv-1 Ag W/Hiv-1 & Hiv-2 Ab			\$21.58	
87390	Hiv-1 Ag Eia			\$11.21	
87391	Hiv-2 Ag Eia			\$11.21	
87420	Resp Syncytial Ag Eia			\$13.18	
87425	Rotavirus Ag Eia			\$13.18	
87430	Strep A Ag Eia			\$13.18	
87449	Ag Detect Nos Eia Mult			\$13.18	
87450	Ag Detect Nos Eia Single			\$10.53	
87661	Trichomonas Vaginalis Amplif			\$39.64	
87804	Influenza Assay W/Optic			\$13.18	
87807	Rsv Assay W/Optic			\$13.32	
87808	Trichomonas Assay W/Optic			\$13.88	
87809	Adenovirus Assay W/Optic			\$13.88	
87810	Chylmd Trach Assay W/Optic			\$13.12	
87850	N. Gonorrhoeae Assay W/Optic			\$13.12	
87880	Strep A Assay W/Optic			\$13.12	
87905	Sialidase Enzyme Assay			\$4.47	
87999	Microbiology Procedure			M	
88130	Sex Chromatin Identification			\$8.64	
88140	Sex Chromatin Identification			\$7.10	
88141	Cytopath C/V Interpret			\$17.83	

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88142	Cytopath C/V Thin Layer			\$22.96	
88143	Cytopath C/V Thin Layer Redo			\$22.96	
88147	Cytopath C/V Automated			\$12.29	
88148	Cytopath C/V Auto Rescreen			\$12.29	
88155	Cytopath C/V Index Add-On			\$6.57	
88164	Cytopath Tbs C/V Manual			\$11.61	
88165	Cytopath Tbs C/V Redo			\$11.61	
88166	Cytopath Tbs C/V Auto Redo			\$11.61	
88167	Cytopath Tbs C/V Select			\$11.61	
88174	Cytopath C/V Auto In Fluid			\$23.74	
88175	Cytopath C/V Auto Fluid Redo			\$29.27	
88187	Flowcytometry/Read 2-8			\$40.02	
88188	Flowcytometry/Read 9-15			\$50.71	
88189	Flowcytometry/Read 16 & >			\$62.60	
88230	Tissue Culture Lymphocyte			\$121.10	
88233	Tissue Culture Skin/Biopsy			\$121.10	
88235	Tissue Culture Placenta			\$121.10	
88237	Tissue Culture Bone Marrow			\$121.10	
88239	Tissue Culture Tumor			\$121.10	
88240	Cell Cryopreserve/Storage			\$9.10	
88241	Frozen Cell Preparation			\$9.10	
88245	Chromosome Analysis 20-25			\$87.32	
88248	Chromosome Analysis 50-100			\$121.10	
88249	Chromosome Analysis 100			\$121.10	
88261	Chromosome Analysis 5			\$194.15	
88262	Chromosome Analysis 15-20			\$136.93	
88263	Chromosome Analysis 45			\$145.53	
88264	Chromosome Analysis 20-25			\$136.93	
88267	Chromosome Analys Placenta			\$165.99	
88269	Chromosome Analys Amniotic			\$145.53	
88271	Cytogenetics Dna Probe			\$16.07	
88272	Cytogenetics 3-5			\$28.14	
88273	Cytogenetics 10-30			\$35.68	
88274	Cytogenetics 25-99			\$38.66	
88275	Cytogenetics 100-300			\$44.60	
88280	Chromosome Karyotype Study			\$25.70	
88283	Chromosome Banding Study			\$64.97	
88285	Chromosome Count Additional			\$20.86	
88289	Chromosome Study Additional			\$37.83	
88291	Cyto/Molecular Report			\$17.63	
88299	Cytogenetic Study			M	
88371	Protein Western Blot Tissue			\$19.10	
88371	Protein Western Blot Tissue	26		\$10.50	
88738	Hgb Quant Transcutaneous			\$5.95	
89050	Body Fluid Cell Count			\$1.82	
89051	Body Fluid Cell Count			\$4.31	
89055	Leukocyte Assessment Fecal			\$4.73	
89060	Exam Synovial Fluid Crystals			\$3.56	

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89060	Exam Synovial Fluid Crystals	26		\$10.50	
89125	Specimen Fat Stain			\$2.50	
89190	Nasal Smear For Eosinophils			\$2.36	
89220	Sputum Specimen Collection			\$8.72	
89230	Collect Sweat For Test			\$1.39	
89331	Retrograde Ejaculation Anal			\$21.65	
90281	Human Ig Im			M	
90283	Human Ig Iv			M	
90284	Human Ig Sc			M	
90296	Diphtheria Antitoxin			M	
90371	Hep B Ig Im			\$110.39	
90375	Rabies Ig Im/Sc			\$285.93	
90376	Rabies Ig Heat Treated			\$252.95	
90378	Rsv Mab Im 50mg			M	
90384	Rh Ig Full-Dose Im			M	
90385	Rh Ig Minidose Im			\$34.66	
90396	Varicella-Zoster Ig Im			M	
90399	Immune Globulin			M	
90460	Im Admin 1st/Only Component			\$7.00	
90461	Im Admin Each Addl Component			\$0.00	
90471	Immunization Admin			\$7.00	
90472	Immunization Admin Each Add			\$7.00	
90473	Immune Admin Oral/Nasal			\$3.00	
90474	Immune Admin Oral/Nasal Addl			\$3.00	
90620	Menb Rp W/Omv Vaccine Im		10 to 19 years	\$0.00	
90620	Menb Rp W/Omv Vaccine Im		19 to 26 years	\$169.60	
90621	Menb Rlp Vaccine Im		10 to 19 years	\$0.00	
90621	Menb Rlp Vaccine Im		19 to 26 years	\$121.90	
90632	Hep A Vaccine Adult Im			\$49.40	
90633	Hep A Vacc Ped/Adol 2 Dose			\$0.00	
90636	Hep A/Hep B Vacc Adult Im			\$96.46	
90644	Meningoccl Hib Vac 4 Dose Im			\$0.00	
90647	Hib Vaccine Prp-Omp Im			\$0.00	
90648	Hib Vaccine Prp-T Im			\$0.00	
90649	Hpv Vaccine 4 Valent Im		19 to 27 years	\$155.03	
90649	Hpv Vaccine 4 Valent Im		9 to 19 years	\$0.00	
90650	Hpv Vaccine 2 Valent Im			\$135.68	
90651	Hpv Vaccine Non Valent Im		19 to 27 years	\$172.08	
90651	Hpv Vaccine Non Valent Im		9 to 19 years	\$0.00	
90654	Flu Vacc liv3 No Preserv Id			\$18.92	
90655	Flu Vac No Prsv 3 Val 6-35 M			\$0.00	
90656	Flu Vaccine No Preserv 3 '&' >		19 to 124 years	\$13.88	
90656	Flu Vaccine No Preserv 3 '&' >		3 to 19 years	\$0.00	
90657	Flu Vaccine 3 Yrs Im			\$0.00	
90658	Flu Vaccine 3 Yrs & > Im		19 to 124 years	\$11.37	
90658	Flu Vaccine 3 Yrs & > Im		3 to 19 years	\$0.00	
90661	Flu Vacc Cell Cult Prsv Free			\$22.29	
90662	Flu Vacc Prsv Free Inc Antig			\$36.32	

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90670	Pneumococcal Vacc 13 Val Im		19 to 124 years	\$173.15	
90670	Pneumococcal Vacc 13 Val Im		42 days to 19 years	\$0.00	
90672	Flu Vaccine 4 Valent Nasal		19 to 50 years	\$26.88	
90672	Flu Vaccine 4 Valent Nasal		2 to 19 years	\$0.00	
90673	Flu Vacc Riv3 No Preserv			\$37.19	
90675	Rabies Vaccine Im			\$263.54	
90676	Rabies Vaccine Id			\$287.55	
90680	Rotavirus Vacc 3 Dose Oral			\$0.00	
90681	Rotavirus Vacc 2 Dose Oral			\$0.00	
90685	Flu Vac No Prsv 4 Val 6-35 M			\$0.00	
90686	Flu Vac No Prsv 4 Val 3 Yrs+		19 to 124 years	\$18.16	
90686	Flu Vac No Prsv 4 Val 3 Yrs+		3 to 19 years	\$0.00	
90687	Flu Vaccine 4 Val 6-35 Mo Im			\$0.00	
90688	Flu Vacc 4 Val 3 Yrs Plus Im		19 to 124 years	\$18.27	
90688	Flu Vacc 4 Val 3 Yrs Plus Im		3 to 19 years	\$0.00	
90691	Typhoid Vaccine Im			\$71.18	
90692	Typhoid Vaccine H-P Sc/Id			M	
90696	Dtap-lpv Vacc 4-6 Yr Im			\$0.00	
90698	Dtap-Hib-lp Vaccine Im			\$0.00	
90700	Dtap Vaccine < 7 Yrs Im			\$0.00	
90702	Dt Vaccine < 7 Yrs Im			\$0.00	
90707	Mmr Vaccine Sc		1 to 19 years	\$0.00	
90707	Mmr Vaccine Sc		19 to 124 years	\$53.17	
90710	MmrV Vaccine Sc			\$0.00	
90713	Poliovirus lpv Sc/Im		19 to 124 years	\$29.09	
90713	Poliovirus lpv Sc/Im		42 days to 19 years	\$0.00	
90714	Td Vaccine No Prsrv 7/> Im		19 to 124 years	\$21.06	
90714	Td Vaccine No Prsrv 7/> Im		7 to 19 years	\$0.00	
90715	Tdap Vaccine 7 Yrs/> Im		19 to 124 years	\$31.58	
90715	Tdap Vaccine 7 Yrs/> Im		7 to 19 years	\$0.00	
90716	Chicken Pox Vaccine Sc		1 to 19 years	\$0.00	
90716	Chicken Pox Vaccine Sc		19 to 124 years	\$88.10	
90717	Yellow Fever Vaccine Sc			\$91.06	
90723	Dtap-Hep B-lpv Vaccine Im			\$0.00	
90732	Pneumococcal Vacc 23 Val Im		19 to 124 years	\$82.51	
90732	Pneumococcal Vacc 23 Val Im		2 to 19 years	\$0.00	
90733	Meningococcal Vaccine Sc			\$106.49	
90734	Meningococcal Vaccine Im		19 to 56 years	\$82.66	
90734	Meningococcal Vaccine Im		2 months to 19 years	\$0.00	
90735	Encephalitis Vaccine Sc			M	
90736	Zoster Vacc Sc			\$208.95	
90740	Hepb Vacc Ill Pat 3 Dose Im			\$119.42	
90744	Hepb Vacc Ped/Adol 3 Dose Im		0 to 19 years	\$0.00	
90744	Hepb Vacc Ped/Adol 3 Dose Im		19 to 20 years	\$24.22	
90746	Hep B Vacc Adult 3 Dose Im			\$59.71	
90747	Hepb Vacc Ill Pat 4 Dose Im			\$119.42	
90748	Hep B/Hib Vaccine Im			\$0.00	
90749	Vaccine Toxoid			M	

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Michigan Department of Health and Human Services
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
90785	Psytx Complex Interactive			\$9.11	
90791	Psych Diagnostic Evaluation			\$72.31	
90792	Psych Diag Eval W/Med Srvcs			\$80.23	
90832	Psytx Pt&Family 30 Minutes			\$36.05	
90833	Psytx Pt&Fam W/E&M 30 Min			\$37.04	
90834	Psytx Pt&Family 45 Minutes			\$47.35	
90836	Psytx Pt&Fam W/E&M 45 Min			\$46.36	
90837	Psytx Pt&Family 60 Minutes			\$70.13	
90838	Psytx Pt&Fam W/E&M 60 Min			\$60.62	
90839	Psytx Crisis Initial 60 Min			\$73.50	
90840	Psytx Crisis Ea Addl 30 Min			\$35.26	
90846	Family Psytx W/O Patient				
90847	Family Psytx W/Patient			\$59.03	
90853	Group Psychotherapy			\$14.26	
90887	Consultation With Family			\$49.33	
92002	Eye Exam New Patient			\$45.17	
92004	Eye Exam New Patient			\$82.61	
92012	Eye Exam Establish Patient			\$47.35	
92014	Eye Exam&Tx Estab Pt 1/>Vst			\$68.74	
92015	Determine Refractive State			\$11.09	
92020	Special Eye Evaluation			\$14.86	
92025	Corneal Topography			\$21.20	
92025	Corneal Topography	26		\$11.29	
92025	Corneal Topography	TC		\$9.91	
92060	Special Eye Evaluation			\$36.25	
92060	Special Eye Evaluation	26		\$21.39	
92060	Special Eye Evaluation	TC		\$14.86	
92065	Orthoptic/Pleoptic Training			\$29.72	
92065	Orthoptic/Pleoptic Training	26		\$10.10	
92065	Orthoptic/Pleoptic Training	TC		\$19.61	
92071	Contact Lens Fitting For Tx			\$21.20	
92072	Fit Contac Lens For Managmnt			\$74.88	
92081	Visual Field Examination(S)			\$18.82	
92081	Visual Field Examination(S)	26		\$9.11	
92081	Visual Field Examination(S)	TC		\$9.71	
92082	Visual Field Examination(S)			\$26.74	
92082	Visual Field Examination(S)	26		\$12.08	
92082	Visual Field Examination(S)	TC		\$14.66	
92083	Visual Field Examination(S)			\$35.86	
92083	Visual Field Examination(S)	26		\$15.65	
92083	Visual Field Examination(S)	TC		\$20.21	
92100	Serial Tonometry Exam(S)			\$44.57	
92132	Cmptr Opth Dx Img Ant Segmt			\$19.41	
92132	Cmptr Opth Dx Img Ant Segmt	26		\$10.70	
92132	Cmptr Opth Dx Img Ant Segmt	TC		\$8.72	
92133	Cmptr Opth Img Optic Nerve			\$24.56	
92133	Cmptr Opth Img Optic Nerve	26		\$15.65	
92133	Cmptr Opth Img Optic Nerve	TC		\$8.91	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92134	Cptr Ophth Dx Img Post Segmt			\$25.16	
92134	Cptr Ophth Dx Img Post Segmt	26		\$16.05	
92134	Cptr Ophth Dx Img Post Segmt	TC		\$9.11	
92136	Ophthalmic Biometry			\$50.12	
92136	Ophthalmic Biometry	26		\$17.43	
92136	Ophthalmic Biometry	TC		\$32.69	
92145	Corneal Hysteresis Deter			\$8.72	
92145	Corneal Hysteresis Deter	26		\$4.95	
92145	Corneal Hysteresis Deter	TC		\$3.76	
92225	Special Eye Exam Initial			\$15.06	
92226	Special Eye Exam Subsequent			\$13.87	
92227	Remote Dx Retinal Imaging			\$8.12	
92228	Remote Retinal Imaging Mgmt			\$19.81	
92228	Remote Retinal Imaging Mgmt	26		\$12.08	
92228	Remote Retinal Imaging Mgmt	TC		\$7.73	
92230	Eye Exam With Photos			\$32.29	
92235	Eye Exam With Photos			\$61.21	
92235	Eye Exam With Photos	26		\$26.35	
92235	Eye Exam With Photos	TC		\$34.87	
92240	Icg Angiography			\$142.24	
92240	Icg Angiography	26		\$35.66	
92240	Icg Angiography	TC		\$106.58	
92250	Eye Exam With Photos			\$43.98	
92250	Eye Exam With Photos	26		\$13.47	
92250	Eye Exam With Photos	TC		\$30.51	
92260	Ophthalmoscopy/Dynamometry			\$10.30	
92265	Eye Muscle Evaluation			\$47.74	
92265	Eye Muscle Evaluation	26		\$26.15	
92265	Eye Muscle Evaluation	TC		\$21.59	
92270	Electro-Oculography			\$51.31	
92270	Electro-Oculography	26		\$23.18	
92270	Electro-Oculography	TC		\$28.13	
92275	Electroretinography			\$81.82	
92275	Electroretinography	26		\$29.91	
92275	Electroretinography	TC		\$51.90	
92283	Color Vision Examination			\$31.30	
92283	Color Vision Examination	26		\$5.35	
92283	Color Vision Examination	TC		\$25.95	
92284	Dark Adaptation Eye Exam			\$34.87	
92284	Dark Adaptation Eye Exam	26		\$7.13	
92284	Dark Adaptation Eye Exam	TC		\$27.73	
92285	Eye Photography			\$11.49	
92285	Eye Photography	26		\$1.78	
92285	Eye Photography	TC		\$9.71	
92286	Internal Eye Photography			\$21.39	
92286	Internal Eye Photography	26		\$12.48	
92286	Internal Eye Photography	TC		\$8.91	
92287	Internal Eye Photography			\$76.66	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92287	Internal Eye Photography	26		\$26.15	
92287	Internal Eye Photography	TC		\$50.52	
92310	Contact Lens Fitting			\$53.49	
92311	Contact Lens Fitting			\$56.26	
92312	Contact Lens Fitting			\$65.57	
92313	Contact Lens Fitting			\$54.28	
92326	Replacement Of Contact Lens			M	
92340	Fit Spectacles Monofocal			\$19.81	
92341	Fit Spectacles Bifocal			\$22.58	
92342	Fit Spectacles Multifocal			\$24.37	
92352	Fit Aphakia Spectcl Monofocl			\$22.58	
92353	Fit Aphakia Spectcl Multifoc			\$26.35	
92370	Repair & Adjust Spectacles			\$17.23	
92371	Repair & Adjust Spectacles			\$6.54	
92507	Speech/Hearing Therapy			\$43.98	
92508	Speech/Hearing Therapy			\$13.07	
92511	Nasopharyngoscopy			\$76.47	
92521	Evaluation Of Speech Fluency			\$60.42	
92522	Evaluate Speech Production			\$51.90	
92523	Speech Sound Lang Comprehen			\$103.41	
92524	Behavral Qualit Analys Voice			\$49.13	
92541	Spontaneous Nystagmus Test			\$12.48	
92541	Spontaneous Nystagmus Test	26		\$11.69	
92541	Spontaneous Nystagmus Test	TC		\$0.79	
92542	Positional Nystagmus Test			\$14.66	
92542	Positional Nystagmus Test	26		\$13.87	
92542	Positional Nystagmus Test	TC		\$0.79	
92543	Caloric Vestibular Test			\$8.91	
92543	Caloric Vestibular Test	26		\$3.17	
92543	Caloric Vestibular Test	TC		\$5.74	
92544	Optokinetic Nystagmus Test			\$8.72	
92544	Optokinetic Nystagmus Test	26		\$7.92	
92544	Optokinetic Nystagmus Test	TC		\$0.79	
92545	Oscillating Tracking Test			\$8.72	
92545	Oscillating Tracking Test	26		\$7.92	
92545	Oscillating Tracking Test	TC		\$0.79	
92546	Sinusoidal Rotational Test			\$57.25	
92546	Sinusoidal Rotational Test	26		\$8.32	
92546	Sinusoidal Rotational Test	TC		\$48.93	
92547	Supplemental Electrical Test			\$3.57	
92548	Posturography			\$57.65	
92548	Posturography	26		\$14.66	
92548	Posturography	TC		\$42.99	
92550	Tympanometry & Reflex Thresh			\$11.69	
92551	Pure Tone Hearing Test Air			\$6.74	
92552	Pure Tone Audiometry Air			\$17.23	
92553	Audiometry Air & Bone			\$20.60	
92555	Speech Threshold Audiometry			\$12.88	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92556	Speech Audiometry Complete			\$20.80	
92557	Comprehensive Hearing Test			\$20.80	
92561	Bekeasy Audiometry Diagnosis			\$21.00	
92562	Loudness Balance Test			\$25.55	
92563	Tone Decay Hearing Test			\$17.23	
92564	Sisi Hearing Test			\$15.85	
92565	Stenger Test Pure Tone			\$8.72	
92567	Tympanometry			\$8.12	
92568	Acoustic Refl Threshold Tst			\$8.72	
92570	Acoustic Immitance Testing			\$17.83	
92571	Filtered Speech Hearing Test			\$15.06	
92575	Sensorineural Acuity Test			\$39.42	
92576	Synthetic Sentence Test			\$19.61	
92577	Stenger Test Speech			\$8.72	
92579	Visual Audiometry (Vra)			\$25.16	
92582	Conditioning Play Audiometry			\$39.82	
92587	Evoked Auditory Test Limited			\$11.89	
92587	Evoked Auditory Test Limited	26		\$10.30	
92587	Evoked Auditory Test Limited	TC		\$1.58	
92588	Evoked Auditory Tst Complete			\$18.42	
92588	Evoked Auditory Tst Complete	26		\$16.24	
92588	Evoked Auditory Tst Complete	TC		\$2.18	
92590	Hearing Aid Exam One Ear			\$45.02	
92591	Hearing Aid Exam Both Ears			\$45.02	
92594	Electro Hearng Aid Test One			\$13.04	
92595	Electro Hearng Aid Tst Both			\$26.10	
92597	Oral Speech Device Eval				
92601	Cochlear Implt F/Up Exam <7			\$76.66	
92602	Reprogram Cochlear Implt 7/>			\$49.92	
92603	Cochlear Implt F/Up Exam 7/>			\$83.00	
92604	Reprogram Cochlear Implt 7/>			\$49.72	
92612	Endoscopy Swallow Tst (Fees)			\$96.87	
92614	Laryngoscopic Sensory Test			\$80.43	
92616	Fees W/Laryngeal Sense Test			\$115.10	
92625	Tinnitus Assessment			\$39.03	
92626	Eval Aud Rehab Status			\$50.12	
92627	Eval Aud Status Rehab Add-On			\$12.28	
92630	Aud Rehab Pre-Ling Hear Loss			\$32.68	
92633	Aud Rehab Postling Hear Loss			\$32.68	
92950	Heart/Lung Resuscitation Cpr			\$170.96	
92960	Cardioversion Electric Ext			\$115.69	
93000	Electrocardiogram Complete			\$9.51	
93005	Electrocardiogram Tracing			\$4.75	
93010	Electrocardiogram Report			\$4.75	
93040	Rhythm Ecg With Report			\$7.13	
93041	Rhythm Ecg Tracing			\$3.17	
93042	Rhythm Ecg Report			\$3.96	
93224	Ecg Monit/Reprt Up To 48 Hrs			\$50.91	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93225	Ecg Monit/Reprt Up To 48 Hrs			\$14.86	
93226	Ecg Monit/Reprt Up To 48 Hrs			\$21.20	
93227	Ecg Monit/Reprt Up To 48 Hrs			\$14.86	
93228	Remote 30 Day Ecg Rev/Report			\$14.66	
93229	Remote 30 Day Ecg Tech Supp			\$377.38	
93260	Prgrmg Dev Eval Impltbl Sys			\$36.65	
93260	Prgrmg Dev Eval Impltbl Sys	26		\$24.96	
93260	Prgrmg Dev Eval Impltbl Sys	TC		\$11.69	
93261	Interrogate Subq Defib			\$33.48	
93261	Interrogate Subq Defib	26		\$21.79	
93261	Interrogate Subq Defib	TC		\$11.69	
93268	Ecg Record/Review			\$114.70	
93270	Remote 30 Day Ecg Rev/Report			\$5.15	
93271	Ecg/Monitoring And Analysis			\$95.29	
93272	Ecg/Review Interpret Only			\$14.26	
93278	Ecg/Signal-Averaged			\$16.84	
93278	Ecg/Signal-Averaged	26		\$6.93	
93278	Ecg/Signal-Averaged	TC		\$9.91	
93279	Pm Device Progr Eval Sngl			\$27.73	
93279	Pm Device Progr Eval Sngl	26		\$18.03	
93279	Pm Device Progr Eval Sngl	TC		\$9.71	
93280	Pm Device Progr Eval Dual			\$32.49	
93280	Pm Device Progr Eval Dual	26		\$21.59	
93280	Pm Device Progr Eval Dual	TC		\$10.90	
93281	Pm Device Progr Eval Multi			\$38.04	
93281	Pm Device Progr Eval Multi	26		\$25.16	
93281	Pm Device Progr Eval Multi	TC		\$12.88	
93282	Prgrmg Eval Implantable Dfb			\$35.46	
93282	Prgrmg Eval Implantable Dfb	26		\$23.97	
93282	Prgrmg Eval Implantable Dfb	TC		\$11.49	
93283	Prgrmg Eval Implantable Dfb			\$45.56	
93283	Prgrmg Eval Implantable Dfb	26		\$32.29	
93283	Prgrmg Eval Implantable Dfb	TC		\$13.27	
93284	Prgrmg Eval Implantable Dfb			\$50.12	
93284	Prgrmg Eval Implantable Dfb	26		\$35.06	
93284	Prgrmg Eval Implantable Dfb	TC		\$15.06	
93285	Ilr Device Eval Progr			\$23.57	
93285	Ilr Device Eval Progr	26		\$14.66	
93285	Ilr Device Eval Progr	TC		\$8.91	
93286	Peri-Px Pacemaker Device Evl			\$15.25	
93286	Peri-Px Pacemaker Device Evl	26		\$8.52	
93286	Peri-Px Pacemaker Device Evl	TC		\$6.74	
93287	Peri-Px Device Eval & Prgr			\$20.21	
93287	Peri-Px Device Eval & Prgr	26		\$12.88	
93287	Peri-Px Device Eval & Prgr	TC		\$7.33	
93288	Pm Device Eval In Person			\$20.60	
93288	Pm Device Eval In Person	26		\$11.89	
93288	Pm Device Eval In Person	TC		\$8.72	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93289	Interrog Device Eval Heart			\$36.45	
93289	Interrog Device Eval Heart	26		\$25.55	
93289	Interrog Device Eval Heart	TC		\$10.90	
93290	Icm Device Eval			\$17.23	
93290	Icm Device Eval	26		\$11.89	
93290	Icm Device Eval	TC		\$5.35	
93291	Ilr Device Interrogate			\$20.21	
93291	Ilr Device Interrogate	26		\$12.08	
93291	Ilr Device Interrogate	TC		\$8.12	
93292	Wcd Device Interrogate			\$18.03	
93292	Wcd Device Interrogate	26		\$11.89	
93292	Wcd Device Interrogate	TC		\$6.14	
93293	Pm Phone R-Strip Device Eval			\$29.72	
93293	Pm Phone R-Strip Device Eval	26		\$8.72	
93293	Pm Phone R-Strip Device Eval	TC		\$21.00	
93294	Pm Device Interrogate Remote			\$19.02	
93295	Dev Interrog Remote 1/2/Mlt			\$37.64	
93296	Pm/lcd Remote Tech Serv			\$14.46	
93297	Icm Device Interrogat Remote			\$14.86	
93298	Ilr Device Interrogat Remote			\$14.86	
93299	Icm/Ilr Remote Tech Serv			\$30.89	
93303	Echo Transthoracic			\$132.53	
93303	Echo Transthoracic	26		\$35.66	
93303	Echo Transthoracic	TC		\$96.87	
93304	Echo Transthoracic			\$86.57	
93304	Echo Transthoracic	26		\$20.60	
93304	Echo Transthoracic	TC		\$65.97	
93306	Tte W/Doppler Complete			\$126.98	
93306	Tte W/Doppler Complete	26		\$35.66	
93306	Tte W/Doppler Complete	TC		\$91.32	
93307	Tte W/O Doppler Complete			\$72.50	
93307	Tte W/O Doppler Complete	26		\$25.36	
93307	Tte W/O Doppler Complete	TC		\$47.15	
93308	Tte F-Up Or Lmted			\$69.53	
93308	Tte F-Up Or Lmted	26		\$14.46	
93308	Tte F-Up Or Lmted	TC		\$55.07	
93320	Doppler Echo Exam Heart			\$30.71	
93320	Doppler Echo Exam Heart	26		\$10.30	
93320	Doppler Echo Exam Heart	TC		\$20.40	
93321	Doppler Echo Exam Heart			\$15.45	
93321	Doppler Echo Exam Heart	26		\$4.16	
93321	Doppler Echo Exam Heart	TC		\$11.29	
93325	Doppler Color Flow Add-On			\$14.66	
93325	Doppler Color Flow Add-On	26		\$1.98	
93325	Doppler Color Flow Add-On	TC		\$12.68	
93350	Stress Tte Only			\$134.51	
93350	Stress Tte Only	26		\$40.02	
93350	Stress Tte Only	TC		\$94.49	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93922	Upr/L Xtremity Art 2 Levels			\$50.12	
93922	Upr/L Xtremity Art 2 Levels	26		\$6.93	
93922	Upr/L Xtremity Art 2 Levels	TC		\$43.19	
93923	Upr/Lxtr Art StdY 3+ LvlS			\$77.66	
93923	Upr/Lxtr Art StdY 3+ LvlS	26		\$12.48	
93923	Upr/Lxtr Art StdY 3+ LvlS	TC		\$65.17	
93924	Lwr Xtr Vasc StdY Bilat			\$97.07	
93924	Lwr Xtr Vasc StdY Bilat	26		\$13.87	
93924	Lwr Xtr Vasc StdY Bilat	TC		\$83.20	
93925	Lower Extremity Study			\$146.59	
93925	Lower Extremity Study	26		\$22.19	
93925	Lower Extremity Study	TC		\$124.41	
93926	Lower Extremity Study			\$86.17	
93926	Lower Extremity Study	26		\$14.07	
93926	Lower Extremity Study	TC		\$72.11	
93930	Upper Extremity Study			\$117.47	
93930	Upper Extremity Study	26		\$22.19	
93930	Upper Extremity Study	TC		\$95.29	
93931	Upper Extremity Study			\$72.70	
93931	Upper Extremity Study	26		\$14.07	
93931	Upper Extremity Study	TC		\$58.64	
93965	Extremity Study			\$67.35	
93965	Extremity Study	26		\$9.71	
93965	Extremity Study	TC		\$57.65	
93970	Extremity Study			\$110.74	
93970	Extremity Study	26		\$19.61	
93970	Extremity Study	TC		\$91.13	
93971	Extremity Study			\$67.75	
93971	Extremity Study	26		\$12.68	
93971	Extremity Study	TC		\$55.07	
93975	Vascular Study			\$158.28	
93975	Vascular Study	26		\$32.29	
93975	Vascular Study	TC		\$125.99	
93976	Vascular Study			\$91.52	
93976	Vascular Study	26		\$22.39	
93976	Vascular Study	TC		\$69.14	
93978	Vascular Study			\$107.37	
93978	Vascular Study	26		\$22.19	
93978	Vascular Study	TC		\$85.18	
93979	Vascular Study			\$67.35	
93979	Vascular Study	26		\$13.87	
93979	Vascular Study	TC		\$53.49	
93980	Penile Vascular Study			\$66.96	
93980	Penile Vascular Study	26		\$34.07	
93980	Penile Vascular Study	TC		\$32.88	
93981	Penile Vascular Study			\$40.02	
93981	Penile Vascular Study	26		\$11.89	
93981	Penile Vascular Study	TC		\$28.13	

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Michigan Department of Health and Human Services
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
94010	Breathing Capacity Test			\$20.21	
94010	Breathing Capacity Test	26		\$4.75	
94010	Breathing Capacity Test	TC		\$15.45	
94060	Evaluation Of Wheezing			\$34.07	
94060	Evaluation Of Wheezing	26		\$7.33	
94060	Evaluation Of Wheezing	TC		\$26.74	
94070	Evaluation Of Wheezing			\$33.08	
94070	Evaluation Of Wheezing	26		\$16.05	
94070	Evaluation Of Wheezing	TC		\$17.04	
94150	Vital Capacity Test			\$14.07	
94150	Vital Capacity Test	26		\$2.18	
94150	Vital Capacity Test	TC		\$11.89	
94200	Lung Function Test (Mbc/Mvv)			\$14.26	
94200	Lung Function Test (Mbc/Mvv)	26		\$3.17	
94200	Lung Function Test (Mbc/Mvv)	TC		\$11.09	
94250	Expired Gas Collection			\$14.66	
94250	Expired Gas Collection	26		\$2.97	
94250	Expired Gas Collection	TC		\$11.69	
94375	Respiratory Flow Volume Loop			\$21.99	
94375	Respiratory Flow Volume Loop	26		\$8.32	
94375	Respiratory Flow Volume Loop	TC		\$13.67	
94400	Co2 Breathing Response Curve			\$31.70	
94400	Co2 Breathing Response Curve	26		\$10.90	
94400	Co2 Breathing Response Curve	TC		\$20.80	
94450	Hypoxia Response Curve			\$37.24	
94450	Hypoxia Response Curve	26		\$10.90	
94450	Hypoxia Response Curve	TC		\$26.35	
94620	Pulmonary Stress Test/Simple			\$31.30	
94620	Pulmonary Stress Test/Simple	26		\$17.04	
94620	Pulmonary Stress Test/Simple	TC		\$14.26	
94621	Pulm Stress Test/Complex			\$91.52	
94621	Pulm Stress Test/Complex	26		\$38.63	
94621	Pulm Stress Test/Complex	TC		\$52.89	
94640	Airway Inhalation Treatment			\$10.30	
94667	Chest Wall Manipulation			\$14.66	
94668	Chest Wall Manipulation			\$16.05	
94669	Mechanical Chest Wall Oscill			\$19.61	
94680	Exhaled Air Analysis O2			\$31.89	
94680	Exhaled Air Analysis O2	26		\$7.13	
94680	Exhaled Air Analysis O2	TC		\$24.76	
94681	Exhaled Air Analysis O2/Co2			\$29.72	
94681	Exhaled Air Analysis O2/Co2	26		\$5.55	
94681	Exhaled Air Analysis O2/Co2	TC		\$24.17	
94690	Exhaled Air Analysis			\$27.73	
94690	Exhaled Air Analysis	26		\$2.18	
94690	Exhaled Air Analysis	TC		\$25.55	
94726	Pulm Funct Tst Plethysmograph			\$29.52	
94726	Pulm Funct Tst Plethysmograph	26		\$6.93	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
94726	Pulm Funct Tst Plethysmograph	TC		\$22.58	
94727	Pulm Function Test By Gas			\$23.57	
94727	Pulm Function Test By Gas	26		\$6.93	
94727	Pulm Function Test By Gas	TC		\$16.64	
94728	Pulm Funct Test Oscillometry			\$21.99	
94728	Pulm Funct Test Oscillometry	26		\$6.93	
94728	Pulm Funct Test Oscillometry	TC		\$15.06	
94729	Co/Membrane Diffuse Capacity			\$30.51	
94729	Co/Membrane Diffuse Capacity	26		\$5.15	
94729	Co/Membrane Diffuse Capacity	TC		\$25.36	
94750	Pulmonary Compliance Study			\$45.17	
94750	Pulmonary Compliance Study	26		\$6.34	
94750	Pulmonary Compliance Study	TC		\$38.83	
94772	Breath Recording Infant			M	
94772	Breath Recording Infant	26		\$40.54	
94772	Breath Recording Infant	TC		M	
94776	Ped Home Apnea Rec Downld			\$93.03	
94777	Ped Home Apnea Rec Report			\$30.65	
95004	Percut Allergy Skin Tests			\$3.57	
95012	Exhaled Nitric Oxide Meas			\$10.90	
95017	Perq & lcut Allg Test Venoms			\$4.36	
95018	Perq&lc Allg Test Drugs/Biol			\$10.50	
95024	lcut Allergy Test Drug/Bug			\$4.36	
95027	lcut Allergy Titrate-Airborn			\$2.58	
95028	lcut Allergy Test-Delayed			\$7.53	
95044	Allergy Patch Tests			\$3.17	
95052	Photo Patch Test			\$3.76	
95056	Photosensitivity Tests			\$24.76	
95060	Eye Allergy Tests			\$19.41	
95065	Nose Allergy Test			\$14.07	
95070	Bronchial Allergy Tests			\$16.84	
95071	Bronchial Allergy Tests			\$19.22	
95076	Ingest Challenge Ini 120 Min			\$64.78	
95079	Ingest Challenge Addl 60 Min			\$46.16	
95115	Immunotherapy One Injection			\$4.95	
95117	Immunotherapy Injections			\$5.74	
95145	Antigen Therapy Services			\$12.28	
95146	Antigen Therapy Services			\$21.79	
95147	Antigen Therapy Services			\$19.61	
95148	Antigen Therapy Services			\$29.12	
95149	Antigen Therapy Services			\$39.22	
95165	Antigen Therapy Services			\$7.13	
95180	Rapid Desensitization			\$74.68	
95199	Allergy Immunology Services			M	
95250	Glucose Monitoring Cont			\$88.15	
95251	Gluc Monitor Cont Phys I&R			\$24.17	
95812	Eeg 41-60 Minutes			\$233.76	
95812	Eeg 41-60 Minutes	26		\$32.29	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95812	Eeg 41-60 Minutes	TC		\$201.47	
95813	Eeg Over 1 Hour			\$279.52	
95813	Eeg Over 1 Hour	26		\$51.70	
95813	Eeg Over 1 Hour	TC		\$227.82	
95816	Eeg Awake And Drowsy			\$200.48	
95816	Eeg Awake And Drowsy	26		\$32.29	
95816	Eeg Awake And Drowsy	TC		\$168.19	
95819	Eeg Awake And Asleep			\$228.61	
95819	Eeg Awake And Asleep	26		\$32.29	
95819	Eeg Awake And Asleep	TC		\$196.32	
95822	Eeg Coma Or Sleep Only			\$206.62	
95822	Eeg Coma Or Sleep Only	26		\$32.29	
95822	Eeg Coma Or Sleep Only	TC		\$174.33	
95824	Eeg Cerebral Death Only			\$22.98	
95824	Eeg Cerebral Death Only	26		\$22.58	
95824	Eeg Cerebral Death Only	TC		\$1.39	
95827	Eeg All Night Recording			\$438.20	
95827	Eeg All Night Recording	26		\$32.09	
95827	Eeg All Night Recording	TC		\$406.11	
95851	Range Of Motion Measurements			\$10.30	
95852	Range Of Motion Measurements			\$9.11	
95857	Cholinesterase Challenge			\$29.91	
95860	Muscle Test One Limb			\$68.54	
95860	Muscle Test One Limb	26		\$29.12	
95860	Muscle Test One Limb	TC		\$39.42	
95861	Muscle Test 2 Limbs			\$96.28	
95861	Muscle Test 2 Limbs	26		\$46.16	
95861	Muscle Test 2 Limbs	TC		\$50.12	
95863	Muscle Test 3 Limbs			\$119.06	
95863	Muscle Test 3 Limbs	26		\$56.46	
95863	Muscle Test 3 Limbs	TC		\$62.60	
95864	Muscle Test 4 Limbs			\$135.50	
95864	Muscle Test 4 Limbs	26		\$60.02	
95864	Muscle Test 4 Limbs	TC		\$75.48	
95865	Muscle Test Larynx			\$80.23	
95865	Muscle Test Larynx	26		\$46.95	
95865	Muscle Test Larynx	TC		\$33.28	
95866	Muscle Test Hemidiaphragm			\$74.29	
95866	Muscle Test Hemidiaphragm	26		\$38.04	
95866	Muscle Test Hemidiaphragm	TC		\$36.25	
95867	Muscle Test Cran Nerv Unilat			\$52.30	
95867	Muscle Test Cran Nerv Unilat	26		\$23.57	
95867	Muscle Test Cran Nerv Unilat	TC		\$28.72	
95868	Muscle Test Cran Nerve Bilat			\$73.69	
95868	Muscle Test Cran Nerve Bilat	26		\$35.46	
95868	Muscle Test Cran Nerve Bilat	TC		\$38.23	
95869	Muscle Test Thor Paraspinal			\$45.56	
95869	Muscle Test Thor Paraspinal	26		\$11.09	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95869	Muscle Test Thor Paraspinal	TC		\$34.47	
95870	Muscle Test Nonparaspinal			\$49.13	
95870	Muscle Test Nonparaspinal	26		\$10.90	
95870	Muscle Test Nonparaspinal	TC		\$38.23	
95872	Muscle Test One Fiber			\$110.34	
95872	Muscle Test One Fiber	26		\$86.17	
95872	Muscle Test One Fiber	TC		\$24.17	
95873	Guide Nerv Destr Elec Stim			\$41.40	
95873	Guide Nerv Destr Elec Stim	26		\$11.29	
95873	Guide Nerv Destr Elec Stim	TC		\$30.11	
95874	Guide Nerv Destr Needle Emg			\$40.21	
95874	Guide Nerv Destr Needle Emg	26		\$11.09	
95874	Guide Nerv Destr Needle Emg	TC		\$29.12	
95885	Musc Tst Done W/Nerv Tst Lim			\$32.69	
95885	Musc Tst Done W/Nerv Tst Lim	26		\$10.50	
95885	Musc Tst Done W/Nerv Tst Lim	TC		\$22.19	
95886	Musc Test Done W/N Test Comp			\$50.71	
95886	Musc Test Done W/N Test Comp	26		\$25.75	
95886	Musc Test Done W/N Test Comp	TC		\$24.96	
95887	Musc Tst Done W/N Tst Nonext			\$45.56	
95887	Musc Tst Done W/N Tst Nonext	26		\$21.39	
95887	Musc Tst Done W/N Tst Nonext	TC		\$24.17	
95907	Nvr Cndj Tst 1-2 Studies			\$54.28	
95907	Nvr Cndj Tst 1-2 Studies	26		\$29.91	
95907	Nvr Cndj Tst 1-2 Studies	TC		\$24.37	
95908	Nrv Cndj Tst 3-4 Studies			\$69.73	
95908	Nrv Cndj Tst 3-4 Studies	26		\$37.84	
95908	Nrv Cndj Tst 3-4 Studies	TC		\$31.89	
95909	Nrv Cndj Tst 5-6 Studies			\$82.61	
95909	Nrv Cndj Tst 5-6 Studies	26		\$45.17	
95909	Nrv Cndj Tst 5-6 Studies	TC		\$37.44	
95910	Nrv Cndj Test 7-8 Studies			\$109.35	
95910	Nrv Cndj Test 7-8 Studies	26		\$60.22	
95910	Nrv Cndj Test 7-8 Studies	TC		\$49.13	
95911	Nrv Cndj Test 9-10 Studies			\$130.35	
95911	Nrv Cndj Test 9-10 Studies	26		\$75.08	
95911	Nrv Cndj Test 9-10 Studies	TC		\$55.27	
95912	Nrv Cndj Test 11-12 Studies			\$145.01	
95912	Nrv Cndj Test 11-12 Studies	26		\$88.95	
95912	Nrv Cndj Test 11-12 Studies	TC		\$56.06	
95913	Nrv Cndj Test 13/> Studies			\$165.02	
95913	Nrv Cndj Test 13/> Studies	26		\$105.39	
95913	Nrv Cndj Test 13/> Studies	TC		\$59.63	
95921	Autonomic Nrv Parasym Inervj			\$48.73	
95921	Autonomic Nrv Parasym Inervj	26		\$25.55	
95921	Autonomic Nrv Parasym Inervj	TC		\$23.18	
95922	Autonomic Nrv Adrenrg Inervj			\$56.06	
95922	Autonomic Nrv Adrenrg Inervj	26		\$27.14	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95922	Autonomic Nrv Adrenrg Inervj	TC		\$28.92	
95923	Autonomic Nrv Syst Funj Test			\$107.17	
95923	Autonomic Nrv Syst Funj Test	26		\$25.75	
95923	Autonomic Nrv Syst Funj Test	TC		\$81.42	
95924	Ans Parasymp & Symp W/Tilt			\$85.38	
95924	Ans Parasymp & Symp W/Tilt	26		\$49.72	
95924	Ans Parasymp & Symp W/Tilt	TC		\$35.66	
95925	Somatosensory Testing			\$87.96	
95925	Somatosensory Testing	26		\$15.85	
95925	Somatosensory Testing	TC		\$72.11	
95926	Somatosensory Testing			\$80.43	
95926	Somatosensory Testing	26		\$15.25	
95926	Somatosensory Testing	TC		\$65.17	
95927	Somatosensory Testing			\$85.18	
95927	Somatosensory Testing	26		\$15.45	
95927	Somatosensory Testing	TC		\$69.73	
95928	C Motor Evoked Uppr Limbs			\$144.81	
95928	C Motor Evoked Uppr Limbs	26		\$44.97	
95928	C Motor Evoked Uppr Limbs	TC		\$99.84	
95929	C Motor Evoked Lwr Limbs			\$144.61	
95929	C Motor Evoked Lwr Limbs	26		\$43.98	
95929	C Motor Evoked Lwr Limbs	TC		\$100.63	
95930	Visual Evoked Potential Test			\$71.51	
95930	Visual Evoked Potential Test	26		\$10.30	
95930	Visual Evoked Potential Test	TC		\$61.21	
95937	Neuromuscular Junction Test			\$46.16	
95937	Neuromuscular Junction Test	26		\$19.41	
95937	Neuromuscular Junction Test	TC		\$26.74	
95938	Somatosensory Testing			\$190.57	
95938	Somatosensory Testing	26		\$25.55	
95938	Somatosensory Testing	TC		\$165.02	
95939	C Motor Evoked Up&Lwr Limbs			\$281.10	
95939	C Motor Evoked Up&Lwr Limbs	26		\$68.15	
95939	C Motor Evoked Up&Lwr Limbs	TC		\$212.96	
95981	Io Anal Gast N-Stim Subsqq			\$17.83	
95982	Io Ga N-Stim Subsqq W/Reprog			\$29.52	
95990	Spin/Brain Pump Refil & Main			\$50.32	
95991	Spin/Brain Pump Refil & Main			\$67.35	
96101	Psycho Testing By Psych/Phys			\$44.37	
96102	Psycho Testing By Technician			\$35.46	
96103	Psycho Testing Admin By Comp			\$15.25	
96110	Developmental Screen W/Score			\$9.20	
96111	Developmental Test Extend			\$71.32	
96116	Neurobehavioral Status Exam			\$51.70	
96118	Neuropsych Tst By Psych/Phys			\$54.28	
96119	Neuropsych Testing By Tec			\$44.97	
96120	Neuropsych Tst Admin W/Comp			\$26.55	
96127	Brief Emotional/Behav Assmt			\$2.97	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
96360	Hydration Iv Infusion Init			\$32.09	
96361	Hydrate Iv Infusion Add-On			\$8.52	
96372	Ther/Proph/Diag Inj Sc/lm			\$14.07	
97001	Pt Evaluation			\$41.80	
97002	Pt Re-Evaluation			\$23.38	
97003	Ot Evaluation			\$47.35	
97004	Ot Re-Evaluation			\$29.32	
97014	Electric Stimulation Therapy			\$8.91	
97032	Electrical Stimulation			\$10.70	
97035	Ultrasound Therapy			\$7.13	
97110	Therapeutic Exercises			\$18.03	
97112	Neuromuscular Reeducation			\$18.62	
97116	Gait Training Therapy			\$15.85	
97140	Manual Therapy 1/> Regions			\$16.64	
97530	Therapeutic Activities			\$19.41	
97597	Rmvl Devital Tis 20 Cm/<			\$42.39	
97760	Orthotic Mgmt And Training			\$21.20	
97761	Prosthetic Training			\$18.42	
97762	C/O For Orthotic/Prosth Use			\$26.55	
98925	Osteopath Manj 1-2 Regions			\$17.43	
98926	Osteopath Manj 3-4 Regions			\$25.36	
98927	Osteopath Manj 5-6 Regions			\$33.08	
98928	Osteopath Manj 7-8 Regions			\$40.81	
98929	Osteopath Manj 9-10 Regions			\$48.53	
98940	Chiropract Manj 1-2 Regions			\$15.65	
98941	Chiropract Manj 3-4 Regions			\$22.78	
98942	Chiropractic Manj 5 Regions			\$29.72	
99188	App Topical Fluoride Varnish		0 to 3 years	\$9.00	
99188	App Topical Fluoride Varnish		3 to 16 years	\$13.23	
99201	Office/Outpatient Visit New			\$24.17	
99202	Office/Outpatient Visit New			\$41.40	
99203	Office/Outpatient Visit New			\$60.42	
99204	Office/Outpatient Visit New			\$91.72	
99205	Office/Outpatient Visit New			\$115.10	
99211	Office/Outpatient Visit Est			\$11.09	
99212	Office/Outpatient Visit Est			\$24.17	
99213	Office/Outpatient Visit Est			\$40.41	
99214	Office/Outpatient Visit Est			\$59.63	
99215	Office/Outpatient Visit Est			\$80.82	
99241	Office Consultation			\$27.14	
99242	Office Consultation			\$50.91	
99243	Office Consultation			\$69.53	
99244	Office Consultation			\$102.81	
99245	Office Consultation			\$125.79	
99304	Nursing Facility Care Init			\$50.91	
99305	Nursing Facility Care Init			\$72.90	
99306	Nursing Facility Care Init			\$92.91	
99307	Nursing Fac Care Subseq			\$24.76	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
99308	Nursing Fac Care Subseq			\$38.23	
99309	Nursing Fac Care Subseq			\$50.71	
99310	Nursing Fac Care Subseq			\$75.48	
99315	Nursing Fac Discharge Day			\$40.61	
99316	Nursing Fac Discharge Day			\$58.44	
99318	Annual Nursing Fac Assessmnt			\$53.29	
99324	Domicil/R-Home Visit New Pat			\$30.71	
99325	Domicil/R-Home Visit New Pat			\$44.57	
99326	Domicil/R-Home Visit New Pat			\$77.46	
99327	Domicil/R-Home Visit New Pat			\$103.21	
99328	Domicil/R-Home Visit New Pat			\$120.64	
99334	Domicil/R-Home Visit Est Pat			\$33.48	
99335	Domicil/R-Home Visit Est Pat			\$52.69	
99336	Domicil/R-Home Visit Est Pat			\$74.88	
99337	Domicil/R-Home Visit Est Pat			\$107.17	
99341	Home Visit New Patient			\$30.71	
99342	Home Visit New Patient			\$44.18	
99343	Home Visit New Patient			\$72.31	
99344	Home Visit New Patient			\$101.23	
99345	Home Visit New Patient			\$122.43	
99347	Home Visit Est Patient			\$30.71	
99348	Home Visit Est Patient			\$46.55	
99349	Home Visit Est Patient			\$71.32	
99350	Home Visit Est Patient			\$98.46	
99354	Prolonged Service Office			\$55.47	
99355	Prolonged Service Office			\$53.69	
99381	Init Pm E/M New Pat Infant			\$86.72	
99382	Init Pm E/M New Pat 1-4 Yrs			\$93.36	
99383	Prev Visit New Age 5-11			\$91.46	
99384	Prev Visit New Age 12-17			\$99.37	
99385	Prev Visit New Age 18-39			\$99.37	
99386	Prev Visit New Age 40-64			\$117.10	
99387	Init Pm E/M New Pat 65+ Yrs			\$126.92	
99391	Per Pm Reeval Est Pat Infant			\$65.83	
99392	Prev Visit Est Age 1-4			\$73.74	
99393	Prev Visit Est Age 5-11			\$72.79	
99394	Prev Visit Est Age 12-17			\$80.39	
99395	Prev Visit Est Age 18-39			\$81.34	
99396	Prev Visit Est Age 40-64			\$89.89	
99397	Per Pm Reeval Est Pat 65+ Yr			\$99.06	
99406	Behav Chng Smoking 3-10 Min			\$7.92	
99407	Behav Chng Smoking > 10 Min			\$15.25	
99461	Init Nb Em Per Day Non-Fac			\$50.32	
99495	Trans Care Mgmt 14 Day Disch			\$91.13	
99496	Trans Care Mgmt 7 Day Disch			\$128.96	
A4264	Intratubal Occlusion Device			\$681.61	
A4266	Diaphragm			\$18.50	
A4267	Male Condom			\$0.06	

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Michigan Department of Health and Human Services
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
A4268	Female Condom			\$0.68	
A4269	Spermicide			\$4.95	
A4561	Pessary Rubber, Any Type			\$18.35	
A4562	Pessary, Non Rubber,Any Type			\$45.62	
A9500	Tc99m Sestamibi			\$121.70	
A9502	Tc99m Tetrofosmin			\$115.29	
D0120	Periodic Oral Evaluation			\$14.89	
D0140	Limit Oral Eval Problm Focus			\$14.89	
D0145	Oral Evaluation, Pt < 3yrs			\$14.89	
D0150	Comprehensve Oral Evaluation		0 to 19 years	\$18.90	
D0150	Comprehensve Oral Evaluation		19 to 124 years	\$14.89	
D0190	Screening Of A Patient			\$14.89	
D0191	Assessment Of A Patient			\$14.89	
D0210	Intraor Complete Film Series		0 to 19 years	\$40.95	
D0210	Intraor Complete Film Series		19 to 124 years	\$25.62	
D0220	Intraoral Periapical First			\$3.63	
D0230	Intraoral Periapical Ea Add			\$3.15	
D0240	Intraoral Occlusal Film			\$3.63	
D0270	Dental Bitewing Single Image		0 to 19 years	\$10.29	
D0270	Dental Bitewing Single Image		19 to 124 years	\$6.93	
D0272	Dental Bitewings Two Images		0 to 19 years	\$12.60	
D0272	Dental Bitewings Two Images		19 to 124 years	\$9.35	
D0273	Bitewings - Three Images		0 to 19 years	\$15.12	
D0273	Bitewings - Three Images		19 to 124 years	\$11.69	
D0274	Bitewings Four Images		0 to 19 years	\$17.64	
D0274	Bitewings Four Images		19 to 124 years	\$14.02	
D0330	Panoramic Image			\$17.56	
D0340*	Cephalometric Image			\$28.39	
D1110	Dental Prophylaxis Adult		0 to 19 years	\$27.72	
D1110	Dental Prophylaxis Adult		19 to 124 years	\$22.10	
D1120	Dental Prophylaxis Child			\$19.53	
D1206	Topical Fluoride Varnish		0 to 3 years	\$9.00	
D1206	Topical Fluoride Varnish		3 to 16 years	\$13.23	
D1208	Topical App Fluorid Ex Vrnsh			\$13.23	
D1351	Dental Sealant Per Tooth			\$15.12	
D1352	Prev Resin Rest, Perm Tooth			\$15.12	
D1510	Space Maintainer Fxd Unilat			\$110.25	
D1515	Fixed Bilat Space Maintainer			\$173.25	
D1550	Recement Space Maintainer			\$21.42	
D1555	Remove Fix Space Maintainer			\$21.42	
D2140	Amalgam One Surface Permanen		0 to 19 years	\$38.22	
D2140	Amalgam One Surface Permanen		19 to 124 years	\$15.59	
D2150	Amalgam Two Surfaces Permane		0 to 19 years	\$48.41	
D2150	Amalgam Two Surfaces Permane		19 to 124 years	\$31.21	
D2160	Amalgam Three Surfaces Perma		0 to 19 years	\$60.12	
D2160	Amalgam Three Surfaces Perma		19 to 124 years	\$41.22	
D2161	Amalgam 4 Or > Surfaces Perm		0 to 19 years	\$69.93	
D2161	Amalgam 4 Or > Surfaces Perm		19 to 124 years	\$48.45	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D2330	Resin One Surface-Anterior		0 to 19 years	\$46.94	
D2330	Resin One Surface-Anterior		19 to 124 years	\$25.62	
D2331	Resin Two Surfaces-Anterior		0 to 19 years	\$60.48	
D2331	Resin Two Surfaces-Anterior		19 to 124 years	\$36.77	
D2332	Resin Three Surfaces-Anterior		0 to 19 years	\$74.13	
D2332	Resin Three Surfaces-Anterior		19 to 124 years	\$49.02	
D2335	Resin 4/> Surf Or W Incis An		0 to 19 years	\$98.28	
D2335	Resin 4/> Surf Or W Incis An		19 to 124 years	\$59.05	
D2390	Ant Resin-Based Cmpst Crown		0 to 19 years	\$154.75	
D2390	Ant Resin-Based Cmpst Crown		19 to 124 years	\$131.25	
D2391	Post 1 Srfc Resinbased Cmpst		0 to 19 years	\$38.23	
D2391	Post 1 Srfc Resinbased Cmpst		19 to 124 years	\$15.59	
D2392	Post 2 Srfc Resinbased Cmpst		0 to 19 years	\$48.41	
D2392	Post 2 Srfc Resinbased Cmpst		19 to 124 years	\$31.21	
D2393	Post 3 Srfc Resinbased Cmpst		0 to 19 years	\$60.12	
D2393	Post 3 Srfc Resinbased Cmpst		19 to 124 years	\$41.22	
D2394	Post >=4srfc Resinbase Cmpst		0 to 19 years	\$66.52	
D2394	Post >=4srfc Resinbase Cmpst		19 to 124 years	\$48.45	
D2710	Crown Resin-Based Indirect		0 to 19 years	\$232.05	
D2710	Crown Resin-Based Indirect		19 to 124 years	\$175.49	
D2712	Crown 3/4 Resin-Based Compos		0 to 19 years	\$232.05	
D2712	Crown 3/4 Resin-Based Compos		19 to 124 years	\$175.49	
D2740*	Crown Porcelain/Ceramic Subs			\$432.92	
D2750*	Crown Porcelain W/ H Noble M			\$411.60	
D2751*	Crown Porcelain Fused Base M			\$393.23	
D2752*	Crown Porcelain W/ Noble Met			\$404.25	
D2790*	Crown Full Cast High Noble M			\$404.25	
D2791*	Crown Full Cast Base Metal			\$363.83	
D2792*	Crown Full Cast Noble Metal			\$367.50	
D2794*	Crown-Titanium			\$367.50	
D2799*	Provisional Crown			\$232.05	
D2910	Recement Inlay Onlay Or Part			\$11.69	
D2915	Recement Cast Or Prefab Post			\$11.69	
D2920	Re-Cement Or Re-Bond Crown			\$11.69	
D2930	Prefab Stnlss Steel Crwn Pri		0 to 19 years	\$84.00	
D2930	Prefab Stnlss Steel Crwn Pri		19 to 124 years	\$46.80	
D2931	Prefab Stnlss Steel Crown Pe			\$85.62	
D2933	Prefab Stainless Steel Crown		0 to 19 years	\$90.83	
D2933	Prefab Stainless Steel Crown		19 to 124 years	\$58.49	
D2934	Prefab Steel Crown Primary			\$90.83	
D2940	Protective Restoration			\$11.69	
D2950	Core Build-Up Incl Any Pins			\$116.13	
D2951	Tooth Pin Retention			\$22.79	
D2952	Post And Core Cast + Crown			\$155.82	
D2954	Prefab Post/Core + Crown			\$150.68	
D3110	Pulp Cap Direct		0 to 19 years	\$18.38	
D3110	Pulp Cap Direct		19 to 124 years	\$12.82	
D3220	Therapeutic Pulpotomy			\$66.15	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D3221	Gross Pulpal Debridement			\$66.15	
D3222	Part Pulp For Apexogenesis		0 to 19 years	\$66.15	
D3222	Part Pulp For Apexogenesis		19 to 124 years	\$35.10	
D3230	Pulpal Therapy Anterior Prim			\$102.77	
D3240	Pulpal Therapy Posterior Pri			\$102.77	
D3310	End Thxpy, Anterior Tooth		0 to 19 years	\$239.40	
D3310	End Thxpy, Anterior Tooth		19 to 124 years	\$134.54	
D3320	End Thxpy, Bicuspid Tooth		0 to 19 years	\$283.50	
D3320	End Thxpy, Bicuspid Tooth		19 to 124 years	\$157.93	
D3330	End Thxpy, Molar		0 to 19 years	\$378.00	
D3330	End Thxpy, Molar		19 to 124 years	\$204.73	
D3346	Retreat Root Canal Anterior		0 to 19 years	\$246.58	
D3346	Retreat Root Canal Anterior		19 to 21 years	\$138.57	
D3347	Retreat Root Canal Bicuspid		0 to 19 years	\$292.00	
D3347	Retreat Root Canal Bicuspid		19 to 21 years	\$162.66	
D3348	Retreat Root Canal Molar		0 to 19 years	\$389.34	
D3348	Retreat Root Canal Molar		19 to 21 years	\$210.87	
D3351	Apexification/Recalc Initial			\$63.21	
D3352	Apexification/Recalc Interim			\$63.21	
D3353	Apexification/Recalc Final			\$404.25	
D3410	Apicoectomy - Anterior		0 to 19 years	\$312.90	
D3410	Apicoectomy - Anterior		19 to 124 years	\$81.89	
D3421	Root Surgery Bicuspid			\$349.13	
D3425	Root Surgery Molar			\$374.85	
D3426	Root Surgery Ea Add Root			\$374.85	
D3430	Retrograde Filling			\$73.50	
D3999	Endodontic Procedure			M	
D4355	Full Mouth Debridement			\$43.26	
D5110	Dentures Complete Maxillary			\$341.25	
D5120	Dentures Complete Mandible			\$341.25	
D5130	Dentures Immediat Maxillary			\$341.25	
D5140	Dentures Immediat Mandible			\$341.25	
D5211	Dentures Maxill Part Resin			\$157.93	
D5212	Dentures Mand Part Resin			\$157.93	
D5213	Dentures Maxill Part Metal			\$380.22	
D5214	Dentures Mandibl Part Metal			\$380.22	
D5225	Maxillary Part Denture Flex			\$157.93	
D5226	Mandibular Part Denture Flex			\$157.93	
D5410	Dentures Adjust Cmplt Maxil			\$36.75	
D5411	Dentures Adjust Cmplt Mand			\$36.75	
D5421	Dentures Adjust Part Maxill			\$36.75	
D5422	Dentures Adjust Part Mandbl			\$36.75	
D5510	Dentur Repr Broken Compl Bas			\$66.15	
D5520	Replace Denture Teeth Complt			\$70.35	
D5610	Dentures Repair Resin Base			\$66.15	
D5620	Rep Part Denture Cast Frame			\$70.35	
D5630	Rep Partial Denture Clasp			\$89.24	
D5640	Replace Part Denture Teeth			\$63.00	

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Michigan Department of Health and Human Services
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D5650	Add Tooth To Partial Denture			\$70.35	
D5660	Add Clasp To Partial Denture			\$99.75	
D5710	Dentures Rebase Cmplt Maxil			\$146.24	
D5711	Dentures Rebase Cmplt Mand			\$146.24	
D5720	Dentures Rebase Part Maxill			\$87.74	
D5721	Dentures Rebase Part Mandbl			\$87.74	
D5730	Denture Reln Cmplt Maxil Ch			\$66.15	
D5731	Denture Reln Cmplt Mand Chr			\$66.15	
D5740	Denture Reln Part Maxil Chr			\$66.15	
D5741	Denture Reln Part Mand Chr			\$66.15	
D5750	Denture Reln Cmplt Max Lab			\$105.85	
D5751	Denture Reln Cmplt Mand Lab			\$105.85	
D5760	Denture Reln Part Maxil Lab			\$116.99	
D5761	Denture Reln Part Mand Lab			\$116.99	
D5810	Denture Interm Cmplt Maxill			\$146.24	
D5811	Denture Interm Cmplt Mandbl			\$146.24	
D5820	Denture Interm Part Maxill			\$105.28	
D5821	Denture Interm Part Mandbl			\$105.28	
D5982*	Surgical Stent			\$627.00	
D5988*	Surgical Splint			\$627.00	
D6010*	Odontics Endosteal Implant			\$1,468.00	
D6055*	Implant Connecting Bar			\$1,949.00	
D6056*	Prefabricated Abutment			\$300.00	
D6057*	Custom Abutment			\$300.00	
D6058*	Abutment Supported Crown			\$675.00	
D6059*	Abutment Supported Mtl Crown			\$675.00	
D6062*	Abutment Supported Mtl Crown			\$675.00	
D6065*	Implant Supported Crown			\$975.00	
D6066*	Implant Supported Mtl Crown			\$975.00	
D6067*	Implant Supported Mtl Crown			\$975.00	
D6068*	Abutment Supported Retainer			\$675.00	
D6069*	Abutment Supported Retainer			\$675.00	
D6072*	Abutment Supported Retainer			\$675.00	
D6075*	Implant Supported Retainer			\$975.00	
D6076*	Implant Supported Retainer			\$975.00	
D6077*	Implant Supported Retainer			\$975.00	
D6080*	Implant Maintenance			\$112.00	
D6090*	Repair Implant			M	
D6091*	Repl Semi/Precision Attach			M	
D6092*	Recement Supp Crown			\$65.00	
D6093*	Recement Supp Part Denture			\$70.00	
D6094*	Abut Support Crown Titanium			M	
D6095*	Odontics Repr Abutment			M	
D6100*	Removal Of Implant			M	
D6110*	Implnt/Abut Remov Dent Max			\$1,719.00	
D6111*	Implnt/Abut Remov Dent Mand			\$1,719.00	
D6112*	Imp/Abut Rem Dent Part Max			\$1,719.00	
D6113*	Imp/Abut Rem Dent Part Mand			\$1,719.00	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D6114*	Implnt/Abut Fixed Dent Max			\$2,919.00	
D6115*	Implnt/Abut Fixed Dent Mand			\$2,919.00	
D6116*	Imp/Abut Fixed Dent Part Max			\$2,919.00	
D6117*	Imp/Abut Fixed Dent Part Man			\$2,919.00	
D6194*	Abut Support Retainer Titani			\$675.00	
D6205*	Pontic-Indirect Resin Based			\$232.05	
D6210*	Prosthodont High Noble Metal			\$396.90	
D6211*	Bridge Base Metal Cast			\$382.20	
D6212*	Bridge Noble Metal Cast			\$389.55	
D6214*	Pontic Titanium			\$422.63	
D6240*	Bridge Porcelain High Noble			\$422.63	
D6241*	Bridge Porcelain Base Metal			\$374.85	
D6242*	Bridge Porcelain Nobel Metal			\$393.23	
D6245*	Bridge Porcelain/Ceramic			\$417.90	
D6253*	Provisional Pontic			\$232.05	
D6710*	Crown-Indirect Resin Based			\$232.05	
D6740*	Crown Porcelain/Ceramic			\$417.90	
D6750*	Crown Porcelain High Noble			\$422.63	
D6751*	Crown Porcelain Base Metal			\$374.85	
D6752*	Crown Porcelain Noble Metal			\$393.23	
D6790*	Crown Full High Noble Metal			\$396.90	
D6791*	Crown Full Base Metal Cast			\$382.20	
D6792*	Crown Full Noble Metal Cast			\$385.88	
D6793*	Provisional Retainer Crown			\$232.05	
D6794*	Crown Titanium			\$422.63	
D6930	Recement/Bond Part Denture			\$28.61	
D6980*	Fixed Partial Repair			M	
D7111	Extraction Coronal Remnants			\$23.39	
D7140	Extraction Erupted Tooth/Exr		0 to 19 years	\$44.47	
D7140	Extraction Erupted Tooth/Exr		19 to 124 years	\$25.62	
D7210	Rem Imp Tooth W Mucoper Flp		0 to 19 years	\$99.23	
D7210	Rem Imp Tooth W Mucoper Flp		19 to 124 years	\$33.43	
D7220	Impact Tooth Remov Soft Tiss		0 to 19 years	\$117.60	
D7220	Impact Tooth Remov Soft Tiss		19 to 124 years	\$52.65	
D7230	Impact Tooth Remov Part Bony		0 to 19 years	\$158.03	
D7230	Impact Tooth Remov Part Bony		19 to 124 years	\$87.74	
D7240	Impact Tooth Remov Comp Bony		0 to 19 years	\$190.37	
D7240	Impact Tooth Remov Comp Bony		19 to 124 years	\$116.99	
D7250	Tooth Root Removal		0 to 19 years	\$43.37	
D7250	Tooth Root Removal		19 to 124 years	\$23.39	
D7260	Oral Antral Fistula Closure			\$257.25	
D7261	Primary Closure Sinus Perf			\$171.50	
D7270	Tooth Reimplantation			\$147.00	
D7280*	Exposure Impact Tooth Orthod			\$176.40	
D7282*	Mobilize Erupted/Malpos Toot			\$120.40	
D7283*	Place Device Impacted Tooth			\$120.40	
D7310	Alveoplasty W/ Extraction			\$99.23	
D7320	Alveoplasty W/O Extraction			\$124.95	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D7471	Rem Exostosis Any Site			\$87.74	
D7472	Removal Of Torus Palatinus			\$113.58	
D7473	Remove Torus Mandibularis			\$113.58	
D7485	Surg Reduct Osseoustuberosit			\$113.58	
D7510	I&D Absc Intraoral Soft Tiss			\$9.46	
D7970	Excision Hyperplastic Tissue			\$113.58	
D7971	Excision Pericoronar Gingiva			\$55.13	
D7972	Surg Redct Fibrous Tuberosit			\$87.74	
D8050*	Intercep Dental Tx Primary			\$1,260.00	
D8060*	Intercep Dental Tx Transiti			\$1,470.00	
D8070*	Compre Dental Tx Transition			\$1,460.00	
D8080*	Compre Dental Tx Adolescent			\$1,775.00	
D8090*	Compre Dental Tx Adult			\$1,880.00	
D8660*	Preorthodontic Tx Visit			\$107.09	
D8670*	Periodic Orthodontic Tx Visit			\$600.00	
D8692*	Replacement Retainer			\$78.75	
D9110	Tx Dental Pain Minor Proc			\$13.92	
D9248	Sedation (Non-iv)			\$40.56	
D9310	Dental Consultation			\$29.24	
D9930	Treatment Of Complications			\$17.56	
D9940*	Dental Occlusal Guard			\$229.00	
G0008	Admin Influenza Virus Vac			\$7.00	
G0009	Admin Pneumococcal Vaccine			\$7.00	
G0010	Admin Hepatitis B Vaccine			\$7.00	
G0101	Ca Screen;Pelvic/Breast Exam			\$21.39	
G0102	Prostate Ca Screening; Dre			\$10.90	
G0103	Psa Screening			\$19.42	
G0117	Glaucoma Scrn Hgh Risk Direc			\$30.31	
G0118	Glaucoma Scrn Hgh Risk Direc			\$25.16	
G0130	Single Energy X-Ray Study			\$19.22	
G0130	Single Energy X-Ray Study	26		\$6.34	
G0130	Single Energy X-Ray Study	TC		\$12.88	
G0168	Wound Closure By Adhesive			\$57.05	
G0202	Screeningmammographydigital			\$74.68	
G0202	Screeningmammographydigital	26		\$19.61	
G0202	Screeningmammographydigital	TC		\$55.07	
G0204	Diagnosticmammographydigital			\$91.13	
G0204	Diagnosticmammographydigital	26		\$24.56	
G0204	Diagnosticmammographydigital	TC		\$66.56	
G0206	Diagnosticmammographydigital			\$71.71	
G0206	Diagnosticmammographydigital	26		\$19.61	
G0206	Diagnosticmammographydigital	TC		\$52.10	
G0306	Cbc/Diffwbc W/O Platelet			\$8.62	
G0307	Cbc Without Platelet			\$5.17	
G0328	Fecal Blood Scrn Immunoassay			\$17.97	
G0431	Drug Screen Multiple Class			\$50.00	
G0432	Eia Hiv-1/Hiv-2 Screen			\$15.48	
G0433	Elisa Hiv-1/Hiv-2 Screen			\$15.48	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
G0434	Drug Screen Multi Drug Class			\$10.31	
G0435	Oral Hiv-1/Hiv-2 Screen			\$13.97	
G0436	Tobacco-Use Counsel 3-10 Min			\$7.92	
G0437	Tobacco-Use Counsel>10min			\$15.65	
G0464	Colorec Ca Scr, Sto Bas Dna			\$407.98	
G0472	Hep C Screen High Risk/Other			\$10.24	
H0001	Alcohol And/Or Drug Assess			\$61.48	
H0002	Alcohol And/Or Drug Screenin			\$42.50	
H0004	Alcohol And/Or Drug Services			\$22.37	
H0005	Alcohol And/Or Drug Services			\$13.02	
H0031	Mh Health Assess By Non-Md			\$91.21	
H2011	Crisis Interven Svc, 15 Min			\$50.25	
J0520	Bethanechol Chloride Inject			M	
J0558	Peng Benzathine/Procaine Inj			\$6.18	
J0561	Penicillin G Benzathine Inj			\$7.84	
J0583	Bivalirudin			\$3.71	
J0588	Incobotulinumtoxin A			\$4.67	
J0600	Edetate Calcium Disodium Inj			\$5,594.42	
J0610	Calcium Gluconate Injection			\$3.48	
J0620	Calcium Glycer & Lact/10 Ml			M	
J0630	Calcitonin Salmon Injection			\$2,006.85	
J0636	Inj Calcitriol Per 0.1 Mcg			\$0.35	
J0637	Caspofungin Acetate			\$12.75	
J0640	Leucovorin Calcium Injection			\$3.55	
J0690	Cefazolin Sodium Injection			\$0.85	
J0692	Cefepime Hcl For Injection			\$2.44	
J0694	Cefoxitin Sodium Injection			\$4.70	
J0696	Ceftriaxone Sodium Injection			\$0.68	
J0697	Sterile Cefuroxime Injection			\$2.63	
J0698	Cefotaxime Sodium Injection			\$2.17	
J0702	Betamethasone Acet&Sod Phosp			\$5.91	
J0710	Cephapirin Sodium Injection			M	
J0712	Ceftaroline Fosamil Inj			\$2.14	
J0713	Inj Ceftazidime Per 500 Mg			\$2.33	
J0715	Ceftizoxime Sodium / 500 Mg			M	
J0743	Cilastatin Sodium Injection			\$4.19	
J0744	Ciprofloxacin Iv			\$1.03	
J0760	Colchicine Injection			\$6.57	
J0840	Crotalidae Poly Immune Fab			\$2,542.98	
J0878	Daptomycin Injection			\$0.76	
J0881	Darbepoetin Alfa, Non-Esrd			\$4.38	
J0882	Darbepoetin Alfa, Esrd Use			\$4.38	
J0885	Epoetin Alfa, Non-Esrd			\$12.62	
J0886	Epoetin Alfa 1000 Units Esrd			\$12.62	
J0887	Epoetin Beta Esrd Use			M	
J0888	Epoetin Beta Non Esrd			M	
J0895	Deferoxamine Mesylate Inj			\$9.62	
J1000	Depo-Estradiol Cypionate Inj			\$12.95	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J1020	Methylprednisolone 20 Mg Inj			\$2.08	
J1030	Methylprednisolone 40 Mg Inj			\$3.87	
J1040	Methylprednisolone 80 Mg Inj			\$7.32	
J1050	Medroxyprogesterone Acetate			\$0.34	
J1071	Inj Testosterone Cypionate			\$0.03	
J1094	Inj Dexamethasone Acetate			\$0.27	
J1100	Dexamethasone Sodium Phos			\$0.15	
J1170	Hydromorphone Injection			\$1.92	
J1200	Diphenhydramine Hcl Injectio			\$0.65	
J1335	Ertapenem Injection			\$39.51	
J1364	Erythro Lactobionate /500 Mg			\$50.75	
J1380	Estradiol Valerate 10 Mg Inj			\$10.92	
J1410	Inj Estrogen Conjugate 25 Mg			\$215.70	
J1435	Injection Estrone Per 1 Mg			M	
J1439	Inj Ferric Carboxymaltos 1mg			\$1.06	
J1450	Fluconazole			\$3.92	
J1455	Foscarnet Sodium Injection			\$13.25	
J1460	Gamma Globulin 1 Cc Inj			\$32.32	
J1556	Inj, Imm Glob Bivigam, 500mg			\$38.49	
J1557	Gammaplex Injection			\$37.28	
J1559	Hizentra Injection			\$8.47	
J1560	Gamma Globulin > 10 Cc Inj			\$323.21	
J1561	Gamunex-C/Gammaked			\$40.30	
J1562	Vivaglobin, Inj			M	
J1566	Immune Globulin, Powder			\$33.11	
J1568	Octagam Injection			\$42.80	
J1569	Gammagard Liquid Injection			\$38.56	
J1570	Ganciclovir Sodium Injection			\$72.17	
J1571	Hepagam B Im Injection			\$54.43	
J1572	Flebogamma Injection			\$35.66	
J1573	Hepagam B Intravenous, Inj			\$51.29	
J1580	Garamycin Gentamicin Inj			\$1.42	
J1590	Gatifloxacin Injection			M	
J1599	Ivig Non-Lyophilized, Nos			M	
J1630	Haloperidol Injection			\$1.73	
J1631	Haloperidol Decanoate Inj			\$21.03	
J1670	Tetanus Immune Globulin Inj			\$255.21	
J1675	Histrelin Acetate			M	
J1700	Hydrocortisone Acetate Inj			M	
J1710	Hydrocortisone Sodium Ph Inj			M	
J1720	Hydrocortisone Sodium Succ I			\$7.28	
J1725	Hydroxyprogesterone Caproate			M	
J1741	Ibuprofen Injection			M	
J1750	Iron Dextran			\$12.08	
J1756	Iron Sucrose Injection			\$0.27	
J1815	Insulin Injection			\$0.77	
J1826	Interferon Beta-1a Inj			M	
J1830	Interferon Beta-1b / .25 Mg			\$257.61	

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J1840	Kanamycin Sulfate 500 Mg Inj			\$7.69	
J1850	Kanamycin Sulfate 75 Mg Inj			\$1.15	
J1885	Ketorolac Tromethamine Inj			\$0.83	
J1890	Cephalothin Sodium Injection			M	
J1940	Furosemide Injection			\$1.59	
J1956	Levofloxacin Injection			\$2.03	
J2010	Lincomycin Injection			\$10.51	
J2020	Linezolid Injection			\$31.62	
J2175	Meperidine Hydrochl /100 Mg			\$4.68	
J2180	Meperidine/Promethazine Inj			M	
J2185	Meropenem			\$1.21	
J2265	Minocycline Hydrochloride			M	
J2270	Morphine Sulfate Injection			\$1.42	
J2278	Ziconotide Injection			\$7.08	
J2280	Inj, Moxifloxacin 100 Mg			\$7.85	
J2300	Inj Nalbuphine Hydrochloride			\$2.42	
J2310	Inj Naloxone Hydrochloride			\$27.18	
J2315	Naltrexone, Depot Form			\$3.18	
J2320	Nandrolone Decanoate 50 Mg			M	
J2360	Orphenadrine Injection			\$3.44	
J2405	Ondansetron Hcl Injection			\$0.10	
J2410	Oxymorphone Hcl Injection			\$2.87	
J2426	Paliperidone Palmitate Inj			\$8.45	
J2430	Pamidronate Disodium /30 Mg			\$12.32	
J2505	Injection, Pegfilgrastim 6mg			\$3,772.79	
J2510	Penicillin G Procaine Inj			\$21.59	
J2540	Penicillin G Potassium Inj			\$0.85	
J2543	Piperacillin/Tazobactam			\$2.65	
J2550	Promethazine Hcl Injection			\$1.60	
J2650	Prednisolone Acetate Inj			M	
J2675	Inj Progesterone Per 50 Mg			\$0.77	
J2680	Fluphenazine Decanoate 25 Mg			\$23.66	
J2700	Oxacillin Sodium Injeciton			\$1.79	
J2780	Ranitidine Hydrochloride Inj			\$1.04	
J2788	Rho D Immune Globulin 50 Mcg			\$24.19	
J2791	Rhophylac Injection			\$4.75	
J2792	Rho(D) Immune Globulin H, Sd			\$19.40	
J2794	Risperidone, Long Acting			\$6.91	
J2916	Na Ferric Gluconate Complex			\$2.52	
J2920	Methylprednisolone Injection			\$2.59	
J2930	Methylprednisolone Injection			\$3.73	
J3000	Streptomycin Injection			\$10.72	
J3250	Trimethobenzamide Hcl Inj			\$23.86	
J3260	Tobramycin Sulfate Injection			\$2.64	
J3265	Injection Torsemide 10 Mg/MI			M	
J3301	Triamcinolone Acet Inj Nos			\$1.75	
J3302	Triamcinolone Diacetate Inj			M	
J3303	Triamcinolone Hexacetoni Inj			\$1.81	

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J3305	Inj Trimetrexate Glucuronate			M	
J3310	Perphenazine Injeciton			M	
J3315	Triptorelin Pamoate			\$144.59	
J3320	Spectinomycin Di-Hcl Inj			M	
J3360	Diazepam Injection			\$6.17	
J3370	Vancomycin Hcl Injection			\$3.39	
J3410	Hydroxyzine Hcl Injection			\$2.17	
J3411	Thiamine Hcl 100 Mg			\$3.33	
J3415	Pyridoxine Hcl 100 Mg			\$8.62	
J3420	Vitamin B12 Injection			\$2.63	
J3430	Vitamin K Phytionadione Inj			\$2.83	
J3465	Injection, Voriconazole			\$4.19	
J3471	Ovine, Up To 999 Usp Units			\$0.25	
J3472	Ovine, 1000 Usp Units			\$137.80	
J3473	Hyaluronidase Recombinant			\$0.35	
J3475	Inj Magnesium Sulfate			\$0.25	
J3480	Inj Potassium Chloride			\$0.13	
J3485	Zidovudine			\$1.50	
J3486	Ziprasidone Mesylate			\$14.22	
J3489	Zoledronic Acid 1mg			\$34.97	
J7030	Normal Saline Solution Infus			\$1.84	
J7040	Normal Saline Solution Infus			\$0.92	
J7042	5% Dextrose/Normal Saline			\$0.61	
J7050	Normal Saline Solution Infus			\$0.46	
J7060	5% Dextrose/Water			\$1.81	
J7070	D5w Infusion			\$3.44	
J7100	Dextran 40 Infusion			\$17.77	
J7110	Dextran 75 Infusion			M	
J7120	Ringers Lactate Infusion			\$1.78	
J7180	Factor Xiii Anti-Hem Factor			\$7.41	
J7181	Factor Xiii Recomb A-Subunit			M	
J7182	Factor Viii Recomb Novoeight			M	
J7183	Wilate Injection			\$1.02	
J7185	Xyntha Inj			\$1.42	
J7187	Humate-P, Inj			\$0.99	
J7189	Factor Viia			\$2.07	
J7190	Factor Viii			\$0.96	
J7191	Factor Viii (Porcine)			M	
J7192	Factor Viii Recombinant Nos			\$1.16	
J7193	Factor Ix Non-Recombinant			\$1.07	
J7194	Factor Ix Complex			\$1.19	
J7195	Factor Ix Recombinant Nos			\$1.46	
J7196	Antithrombin Recombinant			M	
J7197	Antithrombin Iii Injection			\$3.37	
J7198	Anti-Inhibitor			\$1.83	
J7199	Hemophilia Clot Factor Noc			M	
J7200	Factor Ix Recombinan Rixubis			\$1.23	
J7201	Factor Ix Fc Fusion Recomb			\$2.81	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J7300	Intraut Copper Contraceptive			\$783.34	
J7301	Levonorgestrel Iu 13.5 Mg			\$689.33	
J7302	Levonorgestrel Iu 52 Mg			M	
J7303	Contraceptive Vaginal Ring			\$24.42	
J7304	Contraceptive Hormone Patch			\$35.44	
J7307	Etonogestrel Implant System			\$817.81	
J7308	Aminolevulinic Acid Hcl Top			\$292.79	
J7309	Methyl Aminolevulinate, Top			\$83.69	
J7315	Ophthalmic Mitomycin			M	
J7316	Inj, Ocriplasmin, 0.125 Mg			\$1,046.75	
J7321	Hyalgan/Supartz Inj Per Dose			\$88.61	
J7323	Euflexxa Inj Per Dose			\$152.00	
J7324	Orthovisc Inj Per Dose			\$172.63	
J7325	Synvisc Or Synvisc-One			\$12.87	
J7326	Gel-One			\$578.11	
J7327	Monovisc Inj Per Dose			\$958.45	
J7336	Capsaicin 8% Patch			\$2.81	
J7501	Azathioprine Parenteral			\$217.30	
J7504	Lymphocyte Immune Globulin			\$1,069.33	
J7511	Antithymocyte Globulin Rabbit			\$638.49	
J7516	Cyclosporin Parenteral 250mg			\$38.35	
J7525	Tacrolimus Injection			\$163.25	
J9212	Interferon Alfacon-1 Inj			M	
J9213	Interferon Alfa-2a Inj			M	
J9214	Interferon Alfa-2b Inj			\$24.05	
J9215	Interferon Alfa-N3 Inj			\$31.80	
J9216	Interferon Gamma 1-B Inj			M	
J9217	Leuprolide Acetate Suspnsion			\$242.80	
J9219	Leuprolide Acetate Implant			M	
J9225	Vantas Implant			\$3,012.29	
J9226	Supprelin La Implant			\$22,170.84	
L4350	Ankle Control Ortho Pre Ots			\$64.62	
L4360	Pneumat Walking Boot Pre Cst			\$176.50	
L4361	Pneuma/Vac Walk Boot Pre Ots			\$176.50	
L4370	Pneum Full Leg Splnt Pre Ots			\$160.46	
Q0091	Obtaining Screen Pap Smear			\$25.16	
Q0111	Wet Mounts/ W Preparations			\$1.54	
Q0112	Potassium Hydroxide Preps			\$1.54	
Q0113	Pinworm Examinations			\$1.54	
Q0114	Fern Test			\$1.54	
Q0138	Ferumoxytol, Non-Esrd			\$0.81	
Q0139	Ferumoxytol, Esrd Use			\$0.81	
Q0144	Azithromycin Dihydrate, Oral			\$15.05	
Q2034	Agriflu Vaccine			M	
Q2035	Afluria Vacc, 3 Yrs '&' >, Im			\$13.03	
Q2036	Flulaval Vacc, 3 Yrs '&' >, Im			\$8.58	
Q2037	Fluvirin Vacc, 3 Yrs '&' >, Im			\$15.83	
Q2038	Fluzone Vacc, 3 Yrs '&' >, Im			\$12.04	

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Q2039	Nos Flu Vacc, 3 Yrs ' & ' >, Im			M	
Q3027	Inj Beta Interferon Im 1 Mcg			\$40.52	
Q4001	Cast Sup Body Cast Plaster			\$35.89	
Q4002	Cast Sup Body Cast Fiberglas			\$135.65	
Q4003	Cast Sup Shoulder Cast Plstr			\$25.78	
Q4004	Cast Sup Shoulder Cast Fbrgl			\$89.25	
Q4005	Cast Sup Long Arm Adult Plst			\$9.50	
Q4006	Cast Sup Long Arm Adult Fbrg			\$21.42	
Q4007	Cast Sup Long Arm Ped Plster			\$4.76	
Q4008	Cast Sup Long Arm Ped Fbrgls			\$10.71	
Q4009	Cast Sup Sht Arm Adult Plstr			\$6.34	
Q4010	Cast Sup Sht Arm Adult Fbrgl			\$14.28	
Q4011	Cast Sup Sht Arm Ped Plaster			\$3.17	
Q4012	Cast Sup Sht Arm Ped Fbrglas			\$7.14	
Q4013	Cast Sup Gauntlet Plaster			\$11.54	
Q4014	Cast Sup Gauntlet Fiberglass			\$19.48	
Q4015	Cast Sup Gauntlet Ped Plster			\$5.77	
Q4016	Cast Sup Gauntlet Ped Fbrgls			\$9.74	
Q4017	Cast Sup Lng Arm Splint Plst			\$6.68	
Q4018	Cast Sup Lng Arm Splint Fbrg			\$10.65	
Q4019	Cast Sup Lng Arm Splnt Ped P			\$3.34	
Q4020	Cast Sup Lng Arm Splnt Ped F			\$5.33	
Q4021	Cast Sup Sht Arm Splint Plst			\$4.94	
Q4022	Cast Sup Sht Arm Splint Fbrg			\$8.92	
Q4023	Cast Sup Sht Arm Splnt Ped P			\$2.48	
Q4024	Cast Sup Sht Arm Splnt Ped F			\$4.46	
Q4025	Cast Sup Hip Spica Plaster			\$27.72	
Q4026	Cast Sup Hip Spica Fiberglass			\$86.53	
Q4027	Cast Sup Hip Spica Ped Plstr			\$13.86	
Q4028	Cast Sup Hip Spica Ped Fbrgl			\$43.27	
Q4029	Cast Sup Long Leg Plaster			\$21.19	
Q4030	Cast Sup Long Leg Fiberglass			\$55.78	
Q4031	Cast Sup Lng Leg Ped Plaster			\$10.60	
Q4032	Cast Sup Lng Leg Ped Fbrgls			\$27.89	
Q4033	Cast Sup Lng Leg Cylinder Pl			\$19.76	
Q4034	Cast Sup Lng Leg Cylinder Fb			\$49.17	
Q4035	Cast Sup Lngleg Cylndr Ped P			\$9.89	
Q4036	Cast Sup Lngleg Cylndr Ped F			\$24.59	
Q4037	Cast Sup Shrt Leg Plaster			\$12.06	
Q4038	Cast Sup Shrt Leg Fiberglass			\$30.21	
Q4039	Cast Sup Shrt Leg Ped Plster			\$6.04	
Q4040	Cast Sup Shrt Leg Ped Fbrgls			\$15.11	
Q4041	Cast Sup Lng Leg Splnt Plstr			\$14.66	
Q4042	Cast Sup Lng Leg Splnt Fbrgl			\$25.03	
Q4043	Cast Sup Lng Leg Splnt Ped P			\$7.33	
Q4044	Cast Sup Lng Leg Splnt Ped F			\$12.52	
Q4045	Cast Sup Sht Leg Splnt Plstr			\$8.51	
Q4046	Cast Sup Sht Leg Splnt Fbrgl			\$13.69	

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Q4047	Cast Sup Sht Leg Splnt Ped P			\$4.25	
Q4048	Cast Sup Sht Leg Splnt Ped F			\$6.85	
Q4049	Finger Splint, Static			\$1.55	
Q4050	Cast Supplies Unlisted			M	
Q4051	Splint Supplies Misc			M	
Q4081	Epoetin Alfa, 100 Units Esrd			\$1.26	
Q4106	Dermagraft			\$33.29	
Q4131	Epifix			\$195.55	
Q9951	Locm >= 400 Mg/Ml Iodine,1ml			M	
Q9965	Locm 100-199mg/Ml Iodine,1ml			\$0.93	
Q9966	Locm 200-299mg/Ml Iodine,1ml			\$0.18	
Q9967	Locm 300-399mg/Ml Iodine,1ml			\$0.14	
Q9975	Factor Viii Fc Fusion Recomb			\$1.90	
R0075	Transport Port X-Ray Multipl			\$68.02	
S0030	Injection, Metronidazole			\$0.02	
S0032	Injection, Nafcillin Sodium			M	
S0074	Injection, Cefotetan Disodiu			M	
S0077	Injection, Clindamycin Phosp			\$3.30	
S0080	Injection, Pentamidine Iseth			\$40.02	
S0145	Peg Interferon Alfa-2a/180			M	
S0148	Peg Interferon Alfa-2b/10			M	
S0164	Injection Pantoprazole			\$5.30	
S0166	Inj Olanzapine 2.5mg			\$10.35	
S0171	Bumetanide 0.5 Mg			\$0.53	
S0190	Mifepristone, Oral, 200 Mg			M	
S0191	Misoprostol, Oral, 200 Mcg			M	
S0199	Med Abortion Inc All Ex Drug			M	
S0592	Comp Cont Lens Eval			\$28.72	
S0620	Routine Ophthalmological Exa			\$33.00	
S0621	Routine Ophthalmological Exa			\$31.35	
S2083	Adjustment Gastric Band			\$32.68	
S4989	Contracept Iud			\$127.82	
S9024	Paranasal Sinus Ultrasound			M	
S9024	Paranasal Sinus Ultrasound			M	

*Covered benefit for CSHCS only: D0340, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794, D2799, D5982, D5988, D6010, D6055, D6056, D6057, D6058, D6059, D6062, D6065, D6066, D6067, D6068, D6069, D6072, D6075, D6076, D6077, D6080, D6090, D6091, D6092, D6093, D6094, D6095, D6100, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6253, D6710, D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6793, D6794, D6980, D7280, D7282, D7283, D8050, D8060, D8070, D8080, D8090, D8660, D8670, D8692, D9940

**Effective Date will only be populated when the rate begins after the published fee schedule date

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.